



APPLICATION FOR FAMILY FIRST CORONAVIRUS RELIEF
ACT (FFCRA) EXTENDED FAMILY & MEDICAL LEAVE
Effective April 1 to December 31, 2020

Employee Name: Zachary Gunn

Department: Wastewater Treatment

Home Address: 115 S. 500 W.

City: Brigham City State: UT Zip Code: 84302

Start date of Anticipated Leave: 12/22/2020

Expected Date of Return to Work: 12/28/2020

Reason for Leave (Explain):

- is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- has been advised by a health care provider to self-quarantine related to COVID-19;
- is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- is caring for an individual subject to an order or self-quarantine;
- is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
- is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Daycare Provider Information:

Name: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

NOTE:


A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.

Documentation of a leave request based on place of care (daycare) closed and employee cannot work from home must be provided to verify closure.

I hereby authorize my employer, Brigham City Corporation, to contact my physician to verify the reason for my requested leave or for any other information concerning my requested expanded family and medical leave.

Physician Name: _____ Telephone: _____

Employee Signature: _____ Date: _____

<p>This section to be completed by Human Resources</p> <p><input checked="" type="checkbox"/> Employee has worked a minimum of 30 days prior to taking leave.</p> <p><input checked="" type="checkbox"/> Notify Payroll</p> <p>Human Resources Approval: <u></u> Date: <u>12/28/2020</u></p>



Test Results

Patient Name: Zachary Gunn Date: 12, 24, 20
Date of Birth: 2, 11, 99 Gender M F Phone: 435-730-5485
Address: 115 S. 500 W. Brigham City UT 84302
Pharmacist / RN: Andy RPh

The above named patient received a BD Veritor Rapid Detection of SARS-COV 2 (COVID-19) test at our pharmacy. The results of the test came back:

Positive for SARS-COV 2

Negative

Pharmacist Signature Andrew Baker RPh

IF NEGATIVE: You may continue your normal daily activities. Please remember to socially distance and wear a mask where appropriate. Please note that a negative test today does not mean you do not have the virus. It means that there was not enough virus present in your body for the test to detect its presence. If you become symptomatic or if current symptoms persist you may want to be retested at a later date.

COVID-19 symptoms may include: fever, cough, sore throat, shortness of breath, fatigue, body aches, headache, loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea. You may experience all, some, or none of these symptoms.

IF POSITIVE: You and anyone living in your household should immediately begin to quarantine. You should also contact your physician to make them aware of the positive result and to receive any necessary treatment.

This test has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens. Results from the BD Veritor System for Rapid Detection of SARS-CoV-2 test should be correlated with the clinical history, epidemiological data, and other data available to the clinician evaluating the patient.