

Special Paid Leave Application - COVID-19



Note: Please refer to the MH COVID website for information regarding when Special Paid Leave is accessible

COVID Leave

Employee Name			
Employee Number		Department	
Work Contact Number		Employee Status	Please Select
Pay Cycle	Please Select	Payment for Leave	Please Select

Please select <u>Type of Leave</u> from the Drop down box below	First day of Leave	Last Day of Leave	Total hours of Leave
Please Select			
Please Select			

Reason for Application (Must be completed)	
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Please complete with the days and times the employee would normally have worked over period of leave.

Day	Date	Start	Stop	Hours	Refer *Allow Legend	Day	Date	Start	Stop	Hours	Refer *Allow Legend
MON						MON					
TUE						TUE					
WED						WED					
THU						THU					
FRI						FRI					
SAT						SAT					
SUN						SUN					
				WEEKLY TOTAL						WEEKLY TOTAL	

MON						MON					
TUE						TUE					
WED						WED					
THU						THU					
FRI						FRI					
SAT						SAT					
SUN						SUN					
				WEEKLY TOTAL						WEEKLY TOTAL	

Applicant's Signature		Date	
General Manager's Name or Direct Report		Date	
General Manager's Signature or Direct Report		General Manager or Direct Report Phone Number	