

BURNETT COUNTY
ADMINISTRATION AND HUMAN RESOURCES
Burnett County Government Center
7410 County Road K, #116
Siren, WI 54872

COVID-19 Vaccination Incentive

In order to best serve our residents and public, Burnett County is providing the following benefit for COVID-19 vaccinated staff members.

If a vaccinated employee contracts COVID-19, or one of their vaccinated or non-vaccination qualified dependent(s) contract COVID-19, the County will cover up to 80 hours of loss time for their own self-care or for the care of their dependent(s).

Burnett County requires all leave and loss time requests to be made using this form. Forms must be accompanied by substantiation documentation to support the request.

Once complete, submit the form to the Human Resources department, which will review and process your request within five business days. Incomplete forms will not be processed. You will be notified in writing if your request is incomplete, what is required to complete it, and the deadline to do so.

Employee Information

Employee name:

Leave request submission date:

Dependent name (if applicable):

Leave start date:

Reason for Leave

Select the reason for requested leave or loss time. Examples of valid substantiation are highlighted after each Reason for Leave.

(1) The employee has tested positive for COVID-19. [Copy of the dated test results.](#) [Copy of the vaccination record.](#)

(2) The employee has a vaccinated or non-vaccinated qualified dependent that has tested positive for COVID-19 and requires care. *Similar FMLA eligibility applies.* [Copy of the dated test results.](#) [Signature on this form serves as verification that the dependent is not qualified to receive the vaccine.](#) [Copy of the employee's vaccination record.](#)

Acknowledgment and Signature

I acknowledge that I have read this request form and accurately completed it. Signature on this form is an acknowledgement that I am unable to work due to the reason for leave indicated.

Employee Signature

Date

We have reviewed your request for leave under the Vaccination Incentive policy received on _____ and decided:

Your paid leave request is approved.

Your paid leave request is denied, for the following reason:

Your leave request does not meet the criteria for one of the two reasons noted above.

Your leave request is incomplete.

Employer Representative Signature

Date