



**Arkansas Department of Finance & Administration**  
**Human Resources**  
**Request for Director's Authorized Leave**  
**COVID DAL**

To request COVID DAL, please complete the following request form and submit it to your supervisor. Supervisors should email the completed form to [courtney.brown@dfa.arkansas.gov](mailto:courtney.brown@dfa.arkansas.gov).

Employee Information		
Employee Name	Employee Personnel Number	Date
DFA Department/Division/Office	Requested Begin Date/Time <div><input type="checkbox"/> am <input type="checkbox"/> pm</div>	Requested End Date/Time <div><input type="checkbox"/> am <input type="checkbox"/> pm</div>
Personal Email Address	Personal Phone Number	Office Phone Number
<p>I am requesting COVID DAL due to my inability to work because (check the appropriate reason below):</p> <ul style="list-style-type: none"><li><input type="checkbox"/> 1. I have an active case of COVID-19.</li><li><input type="checkbox"/> 2. I have been directed to quarantine pursuant to federal, State, or local government order.</li><li><input type="checkbox"/> 3. I have been advised to quarantine by the Arkansas Department of Health or a qualified health care provider.</li><li><input type="checkbox"/> 4. I am experiencing COVID-19 symptoms and I am awaiting test results.</li><li><input type="checkbox"/> 5. I have recently been exposed to someone with an active case of COVID-19 and I am awaiting test results.</li></ul>		
Employee Signature		
<p>By signing below, I certify that I understand the following:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> I will not be granted COVID DAL in excess of 80 hours.</li><li><input type="checkbox"/> I must provide appropriate documentation supporting my need for COVID DAL.</li></ul> <p>Employee Signature: _____ Date: _____</p>		
Submitting Office		
DFA Department/Division/Office	Supervisor Name	Supervisor Phone Number

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_