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"your success is our success"

COVID SICK LEAVE

RETURN WITH DOCUMENTS

1) Were you unable to work due to sickness related to COVID and/or the COVID vaccine from 1/1/21 – 3/31/21? _____ Yes _____ No

If yes, please provide how many days: _____

Were you unable to work due to providing COVID related care for another person from 1/1/21 – 3/31/21?
Yes ______No

If yes, please provide how many days: _____

 Were you unable to work due to providing COVID related care for your son or daughter from 1/1/21 – 3/31/21? _____ Yes _____ No

If yes, please provide how many days: _____

4) Were you unable to work due to sickness related to COVID and/or the COVID vaccine from 4/1/21 – 9/30/21? _____ Yes _____ No

If yes, please provide how many days: _____

5) Were you unable to work due to providing COVID related care for another person from 4/1/21 – 9/30/21? _____Yes ____No

If yes, please provide how many days: _____

