



**COVID-19 SUMMER SCHOOL/CAMP CLOSURE LEAVE REQUEST FORM
RAIL EMPLOYEES ONLY**

First Name: _____ Last Name: _____ MI: _____ Employee # _____

Address: _____ City/State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ E-Mail: _____

Job Title: _____ Department: _____

Work Location: _____ Work Phone: _____ Work E-Mail: _____

CORONAVIRUS ACT

Federal, State, or Local quarantine or isolation order related to COVID-19 (7/1/21-9/3/21)

To be provided to NJ Transit Medical

▪ Employee is needed to care for child in grade school Kindergarten to 8th grade due to a COVID-19 school closure.

Consecutive (Full-time) until: _____
(Date)

Intermittent/Reduced Schedule Leave until: _____
(Date)

ADDITIONAL DOCUMENTATION REQUIRED AND TO BE PROVIDED TO THE APPROPRIATE ADMINISTRATOR

- BIRTH CERTIFICATE, COURT ORDER OR LETTER FROM ADOPTION OR FOSTER
- DOCUMENTATION ON SUMMER SCHOOL/CAMP LETTERHEAD ADVISING OF CLOSURE DUE TO COVID-19
- PROOF OF REGISTRATION FOR SUMMER SCHOOL/CAMP

ALL SCHOOL CLOSURE REQUESTS, ALONG WITH THE APPROPRIATE DOCUMENTATION, SHOULD BE SENT TO:

HOTLINE

1 888-890-0729

EMAIL: MEDICAL@NJTRANSIT.COM

By signing this form, I agree to the terms and conditions outlined above.

Print Name

Employee Signature

Date