

Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act, please complete the following request form and submit to your manager or the human resources department as soon as possible.

Employee Name (print clearly): _____

Department: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for this emergency paid sick leave request is (check the appropriate reason provide the requested detail and **attach supporting documentation – all requests must have written support**):

___ 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.
Name of governmental entity entering quarantine order: _____

___ 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
Name/address of healthcare provider advising self-quarantine: _____

___ 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.
Name/address of healthcare provider making diagnosis: _____

Date of COVID–19 test: _____ Date test results expected: _____

___ 4) I am caring for an individual who is subject to either number 1 or 2 above.
If quarantine is imposed because of a family member subject to a governmental order or healthcare provider instruction to self-quarantine name of family member: _____
Relationship of family member: _____
Name/address of healthcare provider advising such quarantine: _____

___ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID–19 precautions.
Name and dates of birth of child or children: _____
Name and location of school(s) or childcare facility: _____

I represent that no other person is available to provide care.

I represent that I am unable to work remotely or telework.

If the child on whose behalf I am requesting leave is older than 14, I represent that there are special circumstances requiring me to provide such childcare.

___ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.
Describe and provide documentation: _____

By signing below, I affirm as true that I qualify for emergency paid sick leave and have attached documentation to support my request.

Employee Signature _____

Date _____