

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 it to your manager or the human resources department as soon as is practicable. You may provide verbal notice prior to submitting this form.

You may also attach documentation to support your need for leave to this form. If documentation is not provided with this form, you may be requested to provide additional documentation to support your request for leave.

Employee Name: _____

Requested Leave Start Date: _____ End Date: _____

The amount of emergency paid sick leave being requested is _____ hours (up to 80 hours for full-time employees)

The reason for this emergency paid sick leave request is (check the appropriate reason below):

- ☐ 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of the government entity that issued the order: _____

- ☐ 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of health care provider that advised you to self-quarantine:

Reason you were advised to self-quarantine:

_____ Employee has COVID-19

_____ Employee may have COVID-19

_____ Employee is particularly vulnerable to COVID-19

- ☐ 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

- ☐ 4) I am caring for an individual who is subject to either number 1 ____ or 2 ____ above.

Name of individual you are caring for: _____

Personal relationship between you and individual you are caring for:

Name of government entity that issued order or name of health care provider that advised the individual to self-quarantine:

If individual was advised to self-quarantine, identify the reason individual was advised to self-quarantine:

_____ Individual has COVID-19

_____ Individual may have COVID-19

_____ Individual is particularly vulnerable to COVID-19

- ☐ 5) I am caring for my child whose primary or secondary school or place of care is closed or child care is unavailable due to COVID-19 related reason.

Name and age of Child(ren) you need leave to care for:

If the child is over 14 years of age, please explain any special circumstances that require you to stay home during daylight hours to care for the child:

Name of School(s), Place(s) of Care or Childcare provider(s) that is closed/unavailable due to COVID-19 related reasons:

Is there another suitable person available to care for the child during the requested leave: Yes _____ or No _____

- ☐ 6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.

Explain condition : _____

By signing below, I certify that the above information is accurate and that I am unable to work (or telework) as a result of the need for leave identified above.

Employee Signature: _____ Date: _____

For Company Purposes Only:

Date documentation requested: _____

Status: Approved _____ or Denied _____

Date approved or denied: _____

Amount of leave used by Employee: _____

Employer Signature: _____

Date: _____