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PAID SICK LEAVE REQUEST FORM

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and the Emergency Paid Sick Leave Policy, please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____

Phone: _____ Email: _____

Department: _____

Have you ever used leave under the Emergency Paid Leave Act? If yes, when and how much was used? _____

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 one reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related 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.
- 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, and there is no co-parent, co-guardian or child care provider available.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Are you able to telework?: Yes _____ No: _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____