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Employee Statement Supporting Leave

I, _____, provide the following information in support of my request for emergency paid sick leave (complete all that apply):

Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order:

Effective date of the order: _____

Leave due to a health care provider's advice to self-quarantine

Name of the health care provider advising me or the individual I am caring for to self-quarantine:

Written documentation is available and attached: _____ Yes _____ No

Name and relation of the individual who I am needing to care for:

Name: _____ Relation: _____

Leave due to a school or place of childcare closed due to COVID-19

Name of School or place of care: _____

Name of child caregiver unavailable due to concerns related to COVID-19:

(continued from pg. 1)

Name and age of child or children I am needing to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child age 15-17 are:

Leave due to a substantially similar condition specified by the secretary of health and human services

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____

Date: _____