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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 before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick leave policy.

Employee Name (print clearly) _____

Home Address _____

Phone Number _____ Email Address _____

Department _____ Manager _____

Requested Leave Start Date _____ End Date _____

The amount of emergency paid sick leave requested is _____ hours

This is a (choose one): _____ New Request for Leave _____ Request for an Extension of Leave

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate 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.

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- 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,
 - I attest that no other suitable person is available to care for my child during the requested period of leave.
 - I attest special circumstances exist requiring my need for leave to care for a child age 15-17

- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

I have attached documentation supporting my need for leave.

Employee Signature _____ Date _____

Manager Signature _____ Date _____

HR Department Rep. Signature _____ Date _____