EMERGENCY PAID SICK LEAVE REQUEST FORM

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act, please complete the following request form and submit as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____

Requested Leave Start Date: _____ / _____ / ___2020___

Estimated End Date: _____ / _____ / ___2020___

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

The reason for this emergency paid sick leave request is (must check just one of the following approved reasons):

❏ 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.

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

Employee
Signature _____ Date _____

Manager
Signature _____ Date _____