**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 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.

See page two for documentation supporting the need for leave, which must be included with this request.

Employee Name (print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 COVID–19 related reasons.

❏ 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 child care provider is unavailable due to COVID–19 precautions; and,

❏ I represent that no other suitable person is available to care for my child during the requested period of leave.

❏ I represent that special circumstances exist requiring my need for leave to care for a child ages 15-17.

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

I have attached appropriate documentation supporting my need for leave.

Employee Signature: Date:

Manager Signature: Date:

HR Department Rep. Signature: Date:

**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 (#1)**

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

Effective dates of the order:

**Leave due to a health care provider’s advice to self-quarantine (#2 or #4)**

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 needed to care for:

 Name: Relation:

**Leave due to a school or place of child care closed due to COVID-19 (#5)**

Name of school or place of care:

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

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

 Name: Age:

 Name: Age:

 Name: Age:

The special circumstances requiring my need for leave to care for a child ages 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 represent that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: Date: