

To request emergency paid sick leave or emergency FMLA as provided under the Families First Coronavirus Response Act, please complete the following request form and submit to your manager or Human Resources as soon as possible before your 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 Emergency Paid Sick Leave Policy and FMLA Leave Expansion.

Employee Name (print clearly): _____

Department: _____

Manager: _____

Requested Leave Start Date: _____ End Date: _____

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

[Optional: I wish to take intermittent leave for reason #5 below, during the following days and hours:]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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

Reasons for emergency paid sick leave

- 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.

Reasons for emergency paid sick leave and/or emergency FMLA:

- 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 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 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 or emergency FMLA (complete all that apply):

Leave due to a government-issued quarantine or isolation order (for reason #1, 3 or 4)

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 (for reason #2, 3 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 (for reason #5)

Name of school, place of care or child caregiver that is closed or unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed 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 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 attest that the above information is accurate and complete. I understand I am entitled to up to two (2) weeks of emergency paid sick leave total, regardless if I qualify for multiple reasons until December 31, 2020. I understand falsification of any information given may lead to disciplinary action up to and including termination.

Employee Signature: _____ Date: _____