

## 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 as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name	Email:
Manager:	Department
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. Identify authority ordering isolation or quarantine and dates: \_\_\_\_\_
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Identify Health Care provider advising isolation or quarantine: \_\_\_\_\_  
Attach documentation, if available.
- 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. Identify Individual and your relationship to the individual: \_\_\_\_\_
- 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; Name of School or place of care and dates of closure 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 during daytime hours. Attach description of special circumstances.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

[Optional: I request intermittent leave for reason #5 above, during the following days and hours:]

Monday Hrs	Tuesday Hrs	Wednesday Hrs	Thursday Hrs	Friday Hrs	Saturday Hrs	Sunday Hrs
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I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action. I have attached documentation supporting my need for leave.

Employee Signature:	Manager Signature
Approved: Yes No	If no, attach reason for denial