

Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act (FFCRA), 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 (print clearly): _____

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 obtaining a COVID-19 vaccine.
- 2) I am recovering from an illness or condition related to the COVID-19 vaccine.
- 3) I am seeking or awaiting the results of a COVID-19 diagnosis or test due to one of the following:
 - I have been exposed to COVID-19, or
 - My employer has requested the test or diagnosis.
- 4) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 5) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 6) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 7) I am caring for an individual who is subject to either number 4 or 5 above.
- 8) 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.
- 9) 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:** _____

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 obtaining COVID-19 vaccine, or recovering from an illness or condition related to the COVID-19 vaccine

Vaccine Date: _____ Vaccine Location _____

Leave due to COVID-19 diagnosis or test

Diagnosis/test Date: _____ Diagnosis/Test Location _____

Leave due to a government-issued quarantine or isolation order

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

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

Name of school or place of care:

Name of child caregiver 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 falsification of any information given may lead to disciplinary action.

Employee Signature: _____ **Date:** _____