

Sample Request for Emergency Paid Sick Leave Form

To request emergency paid sick leave as provided under the **Expanded Family and Medical Leave (EFMLA) and Emergency Paid Sick Leave Policy**, please complete the following request form and submit to your Manager or the Human Resources department as soon as possible before leave commences.

Employee Name (print): _____
 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 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; or
- 6. I am experiencing another substantially similar condition specified by the secretary of health and human services.

I am requesting Intermittent leave for Reason #5 and Work or Telework is available. I wish to take intermittent leave during the following days and hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I have attached documentation supporting my need for leave*.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

HR Department Signature: _____ Date: _____

*A statement that the employee is unable to work, or telework, for such reason:

1. In the case of a leave request based on a quarantine order or self-quarantine advice, the statement from the employee should include the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine, and, if the person subject to quarantine or advised to self-quarantine is not the employee, that person's name and relation to the employee.

2. In the case of a leave request based on a school closing or child care provider unavailability, the statement from the employee should include the name and age of the child (or children) to be cared for, the name of the school that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave and, ***with respect to the employee's inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the employee to provide care. (emphasis added)***”.