

Emergency Paid Sick Leave Request Form

Name: _____

Beginning and end dates: _____

Why are you requesting Emergency Paid Sick Leave? (Choose number from list below _____)

1. Subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.
5. Caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.
6. Experiencing any other substantially similar condition. Please explain: _____

Are you able to work remotely? Yes or No _____

Please explain: _____

If advised to self-quarantine, name of the governmental entity or health care professional issuing the directive: _____

Please provide supporting documentation.

If the person subject to quarantine or advised to self-quarantine is not you, please provide the person's name and relationship: _____

Please provide supporting documentation.

In the case of a leave request based on a school closing or child care provider unavailability, please submit supporting documentation and provide the following information:

1. The name and age of the child (or children) to be cared for: _____

2. The name of the school that has closed or place of care that is unavailable: _____

3. Will any other person be providing care for the child during this period? Yes or No _____
If yes, please explain: _____

4. If child is older than 14, please explain the circumstances that require you to provide care during daylight hours:

By signing below, I certify that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____