

# Emergency Paid Sick Leave Request Form

Name: \_\_\_\_\_

Beginning and end dates: \_\_\_\_\_

**Why are you requesting Emergency Paid Sick Leave? (Circle number 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. Seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19, after being exposed to COVID-19 or because employer has requested you obtain such a test or diagnosis.
5. Obtaining immunization related to COVID-19.
6. Recovering from any injury, disability, illness or condition related to an immunization for COVID-19.
7. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.
8. 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.
9. 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 childcare 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: \_\_\_\_\_