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.
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.
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: ________________