EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE

Employees requesting Emergency Paid Sick Leave pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Human Resources for processing.

Employee Name:

Contact Phone #: E-mail:

This is a *(choose one)***:** ☐ New request for leave ☐ Request for leave extension

Anticipated Begin Date of Leave: Expected Return to Work Date:

Reason for Leave (*check all applicable*) I am unable to work (or telework) because I:

☐ am subject to a Federal, State, or local quarantine or isolation order related to COVID-19

☐ have been advised by a health care provider to self-quarantine due to concerns related to COVID-19*

☐ am experiencing symptoms of COVID-19 and seeking a medical diagnosis*

☐ am caring for an individual who is either:

(1) subject to a Federal, State, or local quarantine or isolation order related to COVID-19, or

(2) has been advised by a health care provider to self-quarantine due to concerns related to COVID-19*

☐ am caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precaution (please list child(ren)'s name(s) and school or child care provider name below)**

_____
_____
_____

I will need *(choose one)***:** ☐ Continuous leave ☐ Intermittent leave

If your need for leave is intermittent, please describe the nature of your intermittent leave:

_____
_____
_____

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____ **Date:** _____

HR Signature: _____ **Date:**_____

*A provider statement is requested for these circumstances.
** Any documentation indicating closure is requested for this circumstance.