



EMERGENCY PAID SICK LEAVE / EXPANDED FMLA LEAVE REQUEST

Request for Leave

I am unable to work on the following date(s): _____

I am requesting Emergency Paid Sick Leave for the following date(s):

Eligibility for Leave (Please initial all that apply)

I am/was unable to work (or telework) due to a need for leave because:

- _____ I am subjected to a Federal, State or Local quarantine or isolation order related to COVID-19. No supporting documentation is required.
- _____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (I have attached medical certification).
- _____ I am experiencing a fever, coughing, shortness of breath, chest pain and/or pressure, difficulty breathing, or other symptoms of COVID-19 and seeking a medical diagnosis. (After I am able to see a medical professional, I will submit the certification within three days to Human Resources).
- _____ I am caring for an individual who is subject to a quarantine order or has been advised to self-quarantine by a health care provider. (I have attached medical certification).
- _____ I am caring for a son or daughter because my child’s school or care facility is closed due to COVID-19 precautions, or my child’s care provider is unavailable due to COVID-19 precautions. No supporting documentation is required for a school closure. (I have attached supporting documentation of a care facility closure or unavailability of a care provider).
- _____ I am experiencing other substantially similar conditions specified by the Secretary of Health and Human Services. (I have attached medical certification).

Verification:

I understand that the amount of pay I receive for using Emergency Paid Sick Leave is subjected to amounts and caps as set forth in the Emergency Paid Sick Leave Act and may not be equivalent to my daily rate of pay.

I verify and confirm that the above is true and correct.

Printed Name

Date

Signature

*This Policy will commence January 1st, 2021 and will end on March 31st, 2021.