

Emergency Paid Sick Leave and Emergency Family and Medical Leave Request Form

Employee Name: _____ Job Title: _____

Department: _____ Date of Hire: _____

Supervisor: _____ Avg Hours/Weeks: _____

Work Location: _____

I request leave beginning on (date): _____

My expected return date is: _____

Emergency Paid Sick Leave

Emergency Paid Sick Leave provides workers two weeks of paid sick time (up to 80 hours for full-time workers) when they are unable to work for any of the reasons listed below. The rate of pay is based on reason for the leave. Leave must be taken between April 1, 2020, and December 31, 2020.

Check here if you want to submit a request for **Emergency Paid Sick Leave**.

Select one or more of the following reasons for why you are unable to work, including telework:

_____ 1. I am subject to federal, state, or local quarantine or isolation order related to COVID-19.
Name of governmental entity ordering quarantine: _____

_____ 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
Name of the health care professional advising self-quarantine: _____

_____ 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

_____ 4. I am caring for an individual who is subject to either number 1,2 or 3 above.
Name and relationship to employee: _____
Name of governmental entity ordering quarantine or health care professional advising self-quarantine: _____

_____ 5. I am caring for a child due to a school or place of closure, or the childcare provider of the child is unavailable, due to COVID-19. I certify that no other person will be providing care for the child during the period for which I am receiving paid leave.

Select if applicable: Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours.

Name and Age of Child: _____

Name of School / Place of Care that is Closed: _____

Name and Age of Child: _____

Name of School / Place of Care that is Closed: _____

Name and Age of Child: _____

Name of School / Place of Care that is Closed: _____

_____ 6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

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Emergency Family and Medical Leave

Note: An employee may be eligible to receive both Emergency Paid Sick Leave and Emergency Family and Medical Leave.

Employees may take a total of 12 weeks of leave per year consistent with FMLA guidelines. (The Emergency Family and Medical Leave is not an additional 12 weeks of FMLA.)

- The first 10 days of an Emergency Family and Medical Leave are unpaid; however, the employee may use any other available paid leave, such as Emergency Paid Sick Leave or accrued and unused sick or vacation time.
- After the first 10 days, employees will be paid two-thirds of the employee's regular rate of pay for the number of hours the employee would otherwise be regularly scheduled to work up to \$200 per day and \$10,000 total.
- Leave must be taken between April 1, 2020, and December 31, 2020.

Check here if you want to submit a request for **Emergency Family and Medical Leave**.

I am unable to work, or telework, in order to care for a child because their school or place of care has been closed or their childcare provider is otherwise unavailable to provide care due to COVID-19. I certify that no other person will be providing care for the child during the period for which I am receiving leave.

Select if applicable: Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours.

Name and Age of Child:

Name of School / Place of Care that is Closed:

Name and Age of Child:

Name of School / Place of Care that is Closed:

Name and Age of Child:

Name of School / Place of Care that is Closed:

Use of Other Paid Time Off During Emergency Family and Medical Leave

Please select available paid leave to use during the first 10 days of leave:

- Company-provided sick leave
- Company-provided paid time off or vacation
- Emergency Paid Sick Leave (see above)

Employee Signature: _____

Date: _____

I certify that I am requesting leave for a covered reason under the Families First Coronavirus Response Act (FFCRA) and will provide additional documentation to support this leave, if requested by my employer. I acknowledge that I am subject to discipline, up to and including termination of employment, for falsifying my need for paid leave under the FFCRA.