



City Commission

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City Manager

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City Attorney

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City Clerk

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City of Margate

COVID-19 EMERGENCY PAID SICK LEAVE ELECTION FORM

Name: _____ Date: _____

Dept.: _____ Position: _____

I elect to take emergency paid sick leave from _____ until _____
(maximum of two weeks) because I am unable to work, including telework, for the
following reason(s), checking all that apply to me:

- ☐ (1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- ☐ (2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- ☐ (3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- ☐ (4) I am caring for an individual who is subject to an order as described in (1) or has been advised as described in (2).
- ☐ (5) I am caring for my son or daughter because his/her school or place of care has been closed, or his/her child care provider is unavailable, due to COVID-19 precautions.
- ☐ (6) I am experiencing a condition substantially similar to COVID-19 specified by the Secretary of Health and Human Services.

I have provided the appropriate documentation in support of my reason for this paid sick leave. Examples are: a copy of the federal, state, or local quarantine or isolation order related to COVID-19, written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19, a notice of closure or unavailability from a child's school, place of care, or child care provider. This "notice" can include a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed from either the employee him/herself or an official of the school, place of care, or child care provider.

This paid sick leave shall cease beginning with the scheduled work shift immediately following the termination of the need for paid sick time identified above.

If I wish to change these elections or have any questions, I will contact the Human Resources Payroll & Benefits Division at 954-935-5345 or 954-935-5386 as soon as practicable.

Employee Signature: _____ Date: _____