

### Employee Request Leave Form

To request leave based on the Emergency Paid Sick Leave, please complete the following request form and submit to

Employee Name (print clearly): \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

The amount of emergency paid sick leave being requested is \_\_\_\_\_ hours.

**Reason for leave- check all that apply (documentation may be required) \***

*Check all that apply.*

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- I have been advised by a health care provider to self-quarantine related to COVID-19
- I am experiencing COVID-19 symptoms and am seeking a medical diagnosis
- I am caring for an individual subject to an order described in 1 or self-quarantine as described in 2.
- To care for the employee's child when the employee is unable to work (or telework) due to the closing of the child's school, place of care, or unavailability of the regular childcare provider due to a public health emergency with respect to COVID-19.
- I am experiencing some other substantially similar condition specified by the US Department of Health & Human Services.

Documentation of the reason for the leave will also be required.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

HR Department Rep. Signature \_\_\_\_\_ Date \_\_\_\_\_