



**Mt. San Jacinto Community College District**  
**REQUEST FOR COVID-19 EMERGENCY PAID SICK LEAVE**

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Work Schedule: \_\_\_\_\_  
Dept./Job Title: \_\_\_\_\_ Start Date of Leave: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Expected End Date of Leave: \_\_\_\_\_

**I am unable to work or telework and request to use COVID-19 Emergency Paid Sick Leave for the following reason (check one):**

- ☐ 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 related to COVID-19.
- ☐ 3. I am experiencing **symptoms** and is seeking a medical diagnosis related to COVID-19.
- ☐ 4. I am **caring** for an individual subject to:  
an order described in (1) or self-quarantine as described in (2)
- ☐ 5. I am caring for my child(ren) whose **school or childcare is closed** or unavailable due to COVID-19 related reasons.
- ☐ 6. I am experiencing any other 'substantially-similar condition' specified by the U.S. Department of Health and Human Services.

Proof of eligibility may be required

**Method of Leave Requested:**

- ☐ A. Consecutive Leave (Start Date through End Date): \_\_\_\_\_
- ☐ B. Intermittent or Reduced Leave Schedule\*  
\*Intermittent or Reduced Leave scheduling will be determined on a case-by-case basis. Unless you are teleworking, once you begin taking paid sick leave for one or more of these qualifying reasons, you must continue to take paid sick leave each day until you either (1) use the full amount of paid sick leave or (2) no longer have a qualifying reason for taking paid sick leave. This limit is imposed because if you are sick or possibly sick with COVID-19, or caring for an individual who is sick or possibly sick with COVID-19, the intent of the Families First Coronavirus Response Act (FFCRA) is to provide such paid sick leave as necessary to keep you from spreading the virus to others.

Requests must be routed to Human Resources as soon as possible for processing and Payroll reporting. **Attach a copy of employee's current work schedule to this request.** Confirmation of eligibility of COVID-19 FMLA leave will be issued by Human Resources and communicated via letter.

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

\_\_\_\_\_  
Date

- ☐ HR Processing
- ☐ Payroll copy E2= \_\_\_\_\_ hours