

Emergency Paid Sick Leave Request Emergency Family and Medical Leave Expansion Act

EMPLOYEE INFORMATION	
Employee Name	
Employee Home Address	
Telephone number	
E-mail Address	
Date of Hire	
Are you able to telework? If no, please explain	
Date Leave to Begin	

TYPE OF LEAVE REQUESTED	
<input type="checkbox"/>	Emergency Paid Sick Leave Request
<input type="checkbox"/>	Emergency Family and Medical Leave Expansion Act (for childcare only). Must have been employed for 30 days.

REASON FOR LEAVE			
<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">I am subject to state, federal, or local quarantine or isolation order due related to COVID-19</td> <td>Jurisdiction: Please attach documentation if possible</td> </tr> </table>	I am subject to state, federal, or local quarantine or isolation order due related to COVID-19	Jurisdiction: Please attach documentation if possible
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<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19.</td> <td>Health Care Provider Name:</td> </tr> </table>	I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19.	Health Care Provider Name:
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<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">I have symptoms related to COVID-19 and am seeking diagnosis</td> <td>Health Care Provider Name:</td> </tr> </table>	I have symptoms related to COVID-19 and am seeking diagnosis	Health Care Provider Name:
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<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">I am caring for an individual who is subject to a quarantine or has been advised to quarantine related to COVID 19</td> <td>Jurisdiction: Health Care Provider: Reason for Leave:</td> </tr> </table>	I am caring for an individual who is subject to a quarantine or has been advised to quarantine related to COVID 19	Jurisdiction: Health Care Provider: Reason for Leave:
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<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">I need to care for my child under the age of 18 because his/her school, daycare, or childcare provider is unavailable do to COVID-19</td> <td>Name and ages of child(ren): School/Daycare/Provider:</td> </tr> </table>	I need to care for my child under the age of 18 because his/her school, daycare, or childcare provider is unavailable do to COVID-19	Name and ages of child(ren): School/Daycare/Provider:
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<input type="checkbox"/>	I certify that no other suitable person is available to care for my child(ren) during the period of leave requested.		
<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">I am experiencing other conditions substantially similar to COVID-19 as specified as HHS.</td> <td>Health Care Provider: Reason:</td> </tr> </table>	I am experiencing other conditions substantially similar to COVID-19 as specified as HHS.	Health Care Provider: Reason:
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<input type="checkbox"/>	<p>I certify that the information I have provided is truthful and accurate. Falsification of documents can result in disciplinary action up to and including termination. Employer may request additional information in accordance with the law.</p> <p>Employee Signature: _____ Date: _____</p>		