

# Emergency Paid Sick Leave Act – Leave Request Form

Employee Name

Today's Date

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Employee Street Address

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City

State

Zip Code

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## Does your spouse work for this company?

Yes  No

## Reason for taking leave (check one):

- I'm currently subject to a federal, state or local quarantine or isolation order related to COVID-19.
- I've been advised by a health care provider to self-quarantine related to COVID-19.
- I'm caring for an individual subject to a quarantine or isolation order.
- I'm experiencing COVID-19 symptoms and seeking a medical diagnosis.
- I'm caring for a child whose school or place of care is closed due to COVID-19.
- I'm experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

## Are you unable to work or telework due to the reason you specified?

Yes  No

## Please complete the following section if your leave request is based on a quarantine order or self-quarantine advice.

Please provide the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine. If the person subject to quarantine or advised to self-quarantine is not you, provide that person's name and your relation to the person:

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## Please complete the following section if your leave request is based on a school closing or child care provider unavailability.

Please provide the name and age of the child (or children) to be cared for, the name of the school that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which you are receiving family medical leave. With respect to your inability to work or telework because of a need to provide care for a child older than 14 during daylight hours, please provide a statement that special circumstances exist requiring the employee to provide care:

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**Please complete the following section if leave will be taken continually or for the entire period.**

Date leave will begin:

Date of return to work:

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**Please complete the following section if leave will be taken intermittently (for permitted reasons and as agreed to by [C\_Officialname]).**

Schedule of needed time off:

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Employee Signature

Date

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Supervisor Signature

Date

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