**EMERGENCY PAID SICK LEAVE REQUEST**

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and *{Company Name Possessive}* **Emergency Paid Sick Leave Policy**, please complete the following request form and submit to your manager or the human resources department as soon as possible. Verbal notice will be accepted until a form can be provided.

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

**Employee Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The amount of emergency paid sick leave being requested is \_\_\_\_\_\_\_\_\_\_ hours *(max of 80 hours).*

**Type of Leave Requested: (Choose one)**

\_\_\_\_\_\_Continuous Leave

\_\_\_\_\_\_ Intermittent Leave

If intermittent leave, please provide an attached detailed explanation regarding the leave.

**The reason for this emergency paid sick leave request is (check the appropriate reason below):**

\_\_\_\_\_\_\_ 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 due to concerns related to

 COVID-19.

\_\_\_\_\_\_\_ I am caring for an individual who is subject to either of the two conditions listed above.

\_\_\_\_\_\_\_ I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.

\_\_\_\_\_\_\_ I am caring for my child whose primary or secondary school or place of care has been

 closed, or my childcare provider is unavailable due to COVID–19 precautions.

\_\_\_\_\_\_\_ I am experiencing another substantially similar condition specified by the Secretary

  of Health and Human Services.

I certify that the request for leave indicated above is accurate and complete. I understand that if I fail to report to work on or before the agreed-upon return date indicated above or fail to contact my manager or human resources department regarding my absence from work beyond my scheduled date of return, my employer may take corrective action. I also understand that I may be required to provide supporting documentation during the requested leave by <Company Name> at any time.

**Employee Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Human Resources or Manager Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_