Families First Coronavirus Response Act - Emergency Paid Sick / FMLEA Leave Request

Complete the following information and submit to your immediate supervisor prior to your requested leave or provide the following information verbally if you are unable to complete this form.

Employee Name [print]: _________________________________ Date: ________________, 2020

Position: ______________________________   Supervisor: _____________________________

Dates of requested leave: _________________________________________________________

The amount of Emergency Paid Sick Leave being requested is _____days [hours] (not to exceed two weeks).

I am requesting Emergency Paid Sick Leave because I am unable to work or telework due to the following:

1. _____ I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
   Name of the government entity that issued the order: ____________________________

2. _____ I was advised by a health care provider to self-quarantine due to concerns related to COVID-19.
   Name of health care provider who advised you to self-quarantine: __________________________

3. _____ I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.

4. _____ I am needed to care for _________________________________ [name/relationship to employee] who is subject to number 1 or 2 above.
   Name of the government entity that issued the order: ____________________________ OR
   Name of health care provider who advised you to self-quarantine: __________________________

5. _____ I am caring for my child(ren) whose primary or secondary school or place of care has been closed, or my paid childcare provider is unavailable due to COVID–19.
   Name of child(ren): _______________________________________________________
   Name of the school, place of care, or child care provider: __________________________
   ___ I confirm that no other suitable person is available to care for my child(ren).

6. _____ I am experiencing a substantially similar condition specified by the secretary of health and human services.

I am requesting Emergency FMLEA Leave because I am unable to work or telework due to the following:

_____ I am needed to care for my child(ren) whose school or paid child care provider is closed or unavailable for reasons related to COVID-19.
   Name of child(ren): _________________________________
   Name of the school, place of care, or child care provider: __________________________
   ___ I confirm that no other suitable person is available to care for my child(ren).

I affirm that the statements on this form are true and accurate.

Employee Signature _________________________________   Date: ____________________, 2020

Supervisor Signature _________________________________   Date: ____________________, 2020