Emergency Paid Sick Leave Request Form

To request sick leave on the basis of the Emergency Paid Sick Leave Act, please complete the following request form and submit to Human Resources as soon as possible.

Employee Name: _____

Requested Leave Start Date: _____   Estimated End Date: _____

The reason for this sick leave request is (select the most appropriate box):

❑ I am subject to a federal, state or local quarantine or isolation order related to COVID-19;

❑ I was advised by a health care provider to self-quarantine due to COVID-19 concerns;

❑ I am experiencing COVID-19 symptoms and seeking medical diagnosis;

❑ I am caring for an individual subject to a federal, state or local quarantine or isolation order or advised by a health care provider to self-quarantine due to COVID-19 concerns;

❑ I am caring for my child if the child's school or place of care is closed or the child's care provider is unavailable due to a public health emergency; or

❑ I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Employee Signature: _____

Date: _____