Emergency Paid Sick Leave Request Form











COVID-19 Related Leaves Only

|  |  |  |
| --- | --- | --- |
| **Name:** | | **Date:** |
| **Reason for requesting Emergency Paid Sick Leave** (select one):  Subject to a Federal, State, or local quarantine or isolation “order” related to COVID-19. Has been advised by a health care provider to self-quarantine.  Experiencing COVID-19 symptoms and is seeking medical diagnosis. Test positive for COVID-19.  Caring for an individual subject to a COVID-19 quarantine or positive test result.  Caring for his/her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons. | | |
| **Effective date for qualifying reason above**:  Please attach documentation from the health care provider or childcare provider if your daycare is closed.  My signature indicates that the information provided is true and accurate: | | |
| **Employee Signature** | **Date** | |
| **Department Leader / Manager Signature** | **Date** | |
| **HR Manager Signature** | **Date** | |