Emergency Paid Sick Leave Request Form

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COVID-19 Related Leaves Only

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| **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** |