

Page 2 Emergency Paid Leave Request Form

Employee Name (Last, First, MI)			Primary Phone Number	
Current Job Title	Date of Hire	Current Supervisor	Avg Hours / Week	Work Location
I request leave beginning on (date):			My expected return date is:	

**Emergency Paid Sick Leave**

Check here if you want to submit a request for *Emergency Paid Sick Leave*.

Select one or more of the following reasons for why you are unable to work, including telework:							
<input type="checkbox"/> 1.	<p>I am subject to federal, state, or county quarantine or isolation order related to COVID-19.</p> <p>Name of governmental entity ordering quarantine:</p>						
<input type="checkbox"/> 2.	<p>I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.</p> <p>Name of the health care professional advising self-quarantine:</p>						
<input type="checkbox"/> 3.	<p>I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.</p>						
<input type="checkbox"/> 4.	<p>I am caring for an individual who is subject to either number 1 or 2 above*.</p> <p>Name and relationship to employee:</p> <p>Name of governmental entity ordering quarantine or health care professional advising self-quarantine:</p>						
<input type="checkbox"/> 5.	<p>I am caring for a child due to a school or place of closure, or the childcare provider of the child is unavailable, due to COVID-19. I certify that no other suitable person is available to provide care for the child during the period for which I am receiving paid leave.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Name and Age of Child:</td> <td style="width: 50%;">Name of School / Place of Care that is Closed:</td> </tr> <tr> <td>Name and Age of Child:</td> <td>Name of School / Place of Care that is Closed:</td> </tr> <tr> <td>Name and Age of Child:</td> <td>Name of School / Place of Care that is Closed:</td> </tr> </table>	Name and Age of Child:	Name of School / Place of Care that is Closed:	Name and Age of Child:	Name of School / Place of Care that is Closed:	Name and Age of Child:	Name of School / Place of Care that is Closed:
Name and Age of Child:	Name of School / Place of Care that is Closed:						
Name and Age of Child:	Name of School / Place of Care that is Closed:						
Name and Age of Child:	Name of School / Place of Care that is Closed:						
<input type="checkbox"/> 6.	<p>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.</p>						

## Paid Family and Medical Leave

Check here if you want to submit a request for *Paid Family and Medical Leave*.

**An employee may be eligible to receive both Emergency Paid Sick Leave and Paid Family and Medical Leave.**

I am unable to work, or telework, in order to care for a child because their school or place of care has been closed or their childcare provider is otherwise unavailable to provide care due to COVID-19. I certify that no other suitable person is available to provide care for the child during the period for which I am receiving leave.

Name and Age of Child:

Name of School / Place of Care that is Closed:

Name and Age of Child:

Name of School / Place of Care that is Closed:

## Use of Other Paid Time Off

Please select available paid leave to use during the first 10 days of leave:

<input type="checkbox"/>	Company-provided sick leave
<input type="checkbox"/>	Company-provided paid time off or vacation
<input type="checkbox"/>	Emergency Paid Sick Leave (see above)

**This is optional:**

**Please select available paid leave you want to use to supplement your Emergency Paid Sick Leave during the first ten days to receive up to your normal average pay.**

<input type="checkbox"/>	Company-provided sick leave
<input type="checkbox"/>	Company-provided paid time off or vacation

**Please select available paid leave you want to use to supplement your Emergency Paid Leave during the period after the initial two weeks of leave if the need to care for a son or daughter continues past the initial two weeks to receive up to your normal average pay.**

<input type="checkbox"/>	Company-provided sick leave
<input type="checkbox"/>	Company-provided paid time off or vacation

Or

**You will be required to exhaust applicable paid leave during any period of extended Family Leave after the initial two weeks of leave if the need to care for a son or daughter continues past the initial two weeks to receive up to your normal average pay.**

Employee Signature	Date

I certify that I am requesting leave for a covered reason under the Families First Coronavirus Response Act (FFCRA) and will provide additional documentation to support this leave, if requested by my employer.