

**Request for Emergency Sick Leave
Families First Response to Coronavirus Act**

DATE OF REQUEST:

NAME: _____

ADDRESS: _____

PHONE: _____

SSN: _____

Employee Number: _____

JOB TITLE: _____

HOURLY RATE/SALARY:

2/3 or .666 HOURLY RATE/SALARY:

WORK SCHEDULE: _____

CLASSIFICATION: _____

HOURS PER WEEK: _____

PROGRAM/GRANT: _____

LOCATION: _____

REASON FOR EMERGENCY LEAVE

- 1. Subject to a Federal, State, or local quarantine or isolation order related to COVID-19. Medical documentation required.
- 2. Advised by a health care provider to self-quarantine related to COVID-19. Medical documentation required.
- 3. Experiencing COVID-19 symptoms and is seeking a medical diagnosis. Medical documentation required.
- 4. Caring for an individual subject to an order described in (1) or self-quarantine as described in (2). Medical documentation required.
- 5. Caring for your child whose school or place of care is closed due to COVID-19 related reasons.
- 6. Experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services. Medical documentation required.

ACKNOWLEDGEMENT

I certify that the leave/absence requested above is for the purposes indicated. I understand that I must comply with procedures for requesting leave/approved absence, and provide additional documentation, if required. I understand that when using Emergency Leave and Emergency FMLA I will not accrue any PTO until I return to work. Once returning to work I will not be able to go into a negative leave balance for the remainder of the year.

EMPLOYEE SIGNATURE

DATE

APPROVED

SUPERVISOR

DATE

HR DEPARTMENT

DATE

CHIEF EXECUTIVE OFFICER

DATE

PAID LEAVE ENTITLEMENTS

100% for qualifying reasons #1-3 above for up to 2 weeks.

2/3 for qualifying reasons #4 - 6 above for up to 2 weeks.