



## **EMERGENCY PAID SICK LEAVE REQUEST (Pursuant to the Emergency Paid Sick Leave Act)**

### **Request for Leave**

I am unable to work (or telework) on the following date(s): \_\_\_\_\_  
\_\_\_\_\_

I am requesting Emergency Paid Sick Leave for the following days/partial days: \_\_\_\_\_  
\_\_\_\_\_

**(The ability to take leave in less than full-day increments is not guaranteed)**

### **Eligibility (Please initial all that apply)**

I am/was unable to work (or telework) due to a need for leave because:

\_\_\_\_\_ I am subject to a Federal, State, or Local quarantine or isolation order related to COVID-19.

\_\_\_\_\_ I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19.

Name of health care provider: \_\_\_\_\_

\_\_\_\_\_ I am experiencing a fever, coughing, shortness of breath, chest pain and/or pressure, difficulty breathing, or other symptoms of COVID 19 **and** seeking a medical diagnosis.

\_\_\_\_\_ I am caring for an individual who is subject to a quarantine order or has been advised to self-quarantine by a health care provider.

Name of person subject to quarantine and/or advised to self-quarantine: \_\_\_\_\_

Governmental entity ordering quarantine or name of health care professional advising self-quarantine: \_\_\_\_\_

\_\_\_\_\_ I am caring for a son or daughter because my child’s school or care facility is closed due to COVID-19 precautions, or my child’s childcare provider is unavailable due to COVID-19 precaution, and I represent that no other parent or person will be providing care for the child during the period for which I am requesting leave.

Name(s) and age(s) of child (children) to be cared for: \_\_\_\_\_

Name of school that has closed or childcare that is unavailable: \_\_\_\_\_

If child/children are over 14, the following special circumstances exist requiring me to provide childcare:

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\_\_\_\_\_ I am experiencing other substantially similar conditions specified by the Secretary of Health and Human Services.

**Verification**

I understand that consistent with applicable laws and regulations, I may be required to provide additional documentation to support my need for leave. I also understand the amount of pay I receive for using Emergency Paid Sick Leave is subject to amounts and caps as set forth in Emergency Paid Sick Leave Act.

I verify and confirm that the above is true and correct:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature