Request for Emergency Paid Sick Leave

Employee Name (print clearly): _____

Department: _____ Job Title: _____

Number of Hours Worked Daily: _____

Requested Leave Start Date: _____ End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for this emergency paid sick leave request is (check the appropriate reason below):

❑ 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.

❑ 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.

❑ 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.

❑ 4) I am caring for an individual who is subject to either number 1 or 2 above.

❑ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID–19 precautions.

❑ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

_____   _____   _____   _____
Employee Signature   Date   Human Resources Signature Date

_____   _____   _____   _____
Supervisor Signature   Date   Executive Director Signature Date