REQUEST FOR PAID LEAVE UNDER
FAMILIES FIRST CORONA VIRUS RESPONSE ACT

My name is ___________________________. I am requesting paid leave for a qualifying COVID-19 related reason. Dates of Requested Leave:________________________________________________

EMERGENCY PAID SICK LEAVE ACT

I am requesting paid leave under the Emergency Paid Sick Leave Act for the following reason(s): Check the applicable reason:

☐ Employee is subject to a Federal, State, or local quarantine order related to COVID-19;
Name of government entity issuing quarantine or isolation order:________________________________________________

☐ Employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
• Name of provider advising to self-quarantine:________________________________________________

Please note this is not a release under HIPAA to obtain protected health information from a medical provider.

☐ Employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;

☐ Employee is caring for an individual who is subject to quarantine order; or has been advised to self-quarantine by a medical professional;
• Name of government entity issuing quarantine order (if applicable):________________________________________________
• Name of health care provider who advised the individual to self-quarantine:________________________________________________

Please note this is not a release under HIPAA to obtain protected health information from a medical provider.

☐ Employee is caring for son or daughter whose school or place of care is closed or whose childcare provider is unavailable for COVID-19 related reasons; or
• Name of child(ren) being cared for:________________________________________________
• Name of school, place of care or child care provider that closed:________________________________________________
• By signing below, I affirm no other suitable person is available.

☐ Employee is experiencing any other substantially similar condition specified by the Secretary of Health & Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

EMERGENCY FAMILY MEDICAL LEAVE EXPANSION ACT

I am requesting paid leave under the Emergency Family Medical Leave Expansion Act. Check the applicable reason:

☐ Employee is caring for son or daughter whose school or place of care is closed or whose childcare provider is unavailable for COVID-19 related reasons; or
• Name of child(ren):________________________________________________
• Name of school, place of care or childcare provider that closed:________________________________________________
• By signing below, I affirm no other suitable person is available

I am unable to work or telework because of the above reason.

Signature:_________________________________________________________________ Date:________________________