EMERGENCY PAID SICK LEAVE AND EMERGENCY FMLA REQUEST FORM

For use beginning April 1st, 2021

Employee Name	Employee ID Number	Date
Title	**Supervisor**	**Department**
Leave Start Date	**Leave End Date**	**Total Hours Requested**

I CERTIFY THAT AM UNABLE TO WORK (OR TELEWORK) FOR THE FOLLOWING REASON:

☐ I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working.
 Name of the government entity issuing the order:

☐ I have been **advised by a health care provider to self-quarantine** because of concerns related to COVID-19.
 Name of the advising healthcare provider:

☐ I have **symptoms of COVID-19** and I am seeking a diagnosis; I am seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19 because **I have been exposed** or because **the Company has requested the test or diagnosis**; or I am **obtaining a COVID-19 vaccination or recovering from any injury, disability, illness, or condition related to the vaccination.**

☐ I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19.
 Name of person I am caring for and our relationship:

 Name of the government entity issuing the order:
OR
 Name of the advising healthcare provider:

☐ I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. **I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.
 Name(s) and age(s) of child(ren):

 Name of closed school(s) or place(s) of care:

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

Employee Signature:

If signing electronically, please type your full name, followed by "e-signed."