

EMERGENCY PAID SICK LEAVE REQUEST FORM

(Authority to use expires on December 31, 2020)¹

Employee Name: _____ Date: _____

I am requesting Emergency Paid Sick Leave (EPSL) due to my inability work or telework because (*select the appropriate box*):

- (1) **I am subject to a quarantine or isolation order issued by a Federal, State, or Local Government authority related to COVID-19.**

Order issued by: _____

Provide additional supporting documentation.

- (2) **I have been advised by a health care provider to self-quarantine because of COVID-19.**

Health Care Provider Name: _____

Business address: _____

Telephone: _____

E-mail: _____

Provide additional supporting documentation.

- (3) **I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis from a health care provider.**

Symptoms: _____

Date for Test or Doctor's Appointment: _____

Health Care Provider Name (if applicable): _____

Business address: _____

Telephone: _____

E-mail: _____

Provide additional supporting documentation.

- (4) **I am caring for an individual who is either (a) subject to a quarantine or isolation order issued by a Federal, State, or Local Government authority related to COVID-19 or (b) has been advised by a health care provider to self-quarantine because of COVID-19.**

Name of individual: _____

Relationship to individual: _____ Does individual live with you? _____

Name of issuing government entity or health care provider: _____

¹ This reflects the statutory expiration as of August 3, 2020.

Health Care Provider Name (if applicable): _____

Business address: _____

Telephone: _____

E-mail: _____

Provide additional supporting documentation.

- (5) **I am caring for my child(ren) because either (a) the child(ren)'s school or place of care is closed for reasons related to COVID-19, or (b) the child care provider is unavailable for reasons related to COVID-19.**

Child _____ Age: _____ School/Childcare Provider: _____

Child _____ Age: _____ School/Childcare Provider: _____

Child _____ Age: _____ School/Childcare Provider: _____

Child _____ Age: _____ School/Childcare Provider: _____

_____(initial) I certify that no other suitable person is or will be available to care for the child(ren) listed above during the period for which I am receiving Emergency Paid Sick Leave.

- (6) **I am experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor.**

DATES REQUESTED

Dates Requested. I am requesting leave on the following dates:

Intermittent Leave/Telework (*If permitted to telework or Reason #5 was selected:*) If you requested Emergency Paid Sick Leave because you need to care for your children because the school or child care provider is closed or the child care provider is unavailable due to COVID-19, or if you are permitted to telework, you may request intermittent leave.

Intermittent leave requests must be agreed to by the District. If you are requesting intermittent leave, please indicate below the days you teleworked and the paid sick leave:

Telework: _____

Paid Sick Leave: _____

I am requesting leave related to COVID-19 and certify that I am unable to work or telework for the reasons identified above. I understand that providing false or misleading information about my request will result in disciplinary action, up to and including termination of my employment.

Employee Signature: _____

Date: _____