# EMERGENCY SICK LEAVE / EXPANDED FMLA PAID LEAVE REQUEST

Under the Families First Coronavirus Response Act, employees may qualify for emergency paid sick leave if the employee is unable to work (or unable to telework) due to a need for leave for one of the specific qualifying reasons listed below. Federal funds for this paid leave are reimbursed to the company through payroll tax credits, and there are strict eligibility requirements to qualify for this paid leave.

**REASON FOR LEAVE:**

**Please choose only one of the reasons below (the most applicable) pertaining to your leave request and supply the required documentation as indicated. Failure to provide required documentation may result in denial of your request.**

I am unable to work or telework and am requesting paid sick leave benefits for the dates of Enter Date through Enter Date for the following qualifying reason:

|  |  |
| --- | --- |
| [ ]  1. | I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. *(Note, employees of essential businesses may be excluded from eligibility for emergency paid sick leave for this reason.)* |
| [ ]  2. | I have been advised by a health care provider to self-quarantine related to COVID-19. |
| [ ]  3. | I am experiencing COVID-19 symptoms and am seeking a medical diagnosis. |
| [ ]  4. | I am caring for an individual who needs outside care and who is subject to an order described in #1, or self-quarantine as described in #2 above. |

I am unable to work or telework and am requesting expanded FMLA leave benefits (maximum 12 weeks) for the dates of Enter Date through Enter Date for the following qualifying reason:

|  |  |
| --- | --- |
| [ ]  5. | I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19. ***When checking this box, I certify that no other person will be providing care for the child during the same period for which I am requesting leave. If this changes, I understand that I must immediately notify my employer.***Would you like to use any of the following available benefits concurrently to cover the first two-weeks of this leave? [ ]  Please use my emergency paid sick leave to cover the first two weeks of leave. [ ]  Please use my available vacation/PTO balance to cover the first two weeks of leave. [ ]  No, I choose to go without pay for the first two weeks of this leave.If you want this leave to be used intermittently, please describe the requested schedule. (*Note, requests for intermittent leave are granted at the employer’s discretion.)*: Click or tap here to enter text. |

**REQUIRED DOCUMENTATION**

* **Reason #1:** Attach copy of current applicable quarantine or isolation order
* **Reasons #2 – 3, and 4** *(if applicable)*: Name of healthcare provider advising quarantine:

Click or tap here to enter text.

Name and phone number of business where healthcare provider works:

Click or tap here to enter text.

* **Reason #4**: Name of person being cared for: Click or tap here to enter text.

Relationship to employee: Click or tap here to enter text.

Attach copy of current applicable quarantine or isolation order if applicable.

* **Reason #5:** Full name(s) and age(s) of child(ren):

Click or tap here to enter text.

If care is for a child over 14 during daylight hours, or for a child over 18, please state the special circumstances that exist requiring you to provide care. (Note, you are not required to provide a medical diagnosis.):

Click or tap here to enter text.

Attach documentation from school or daycare provider (e.g. email, letter, or screenshot from website) that includes the name of the school or provider that is closed or unavailable.

**ATTESTATION:**

***My signature below certifies that the information provided above is honest and truthful and that my request for emergency paid leave benefits meets the qualifying reason designated above. I further agree to keep the company informed by communicating immediately any changes in my status that would either make me no longer qualified for such paid leave, or would result in a lengthening of my time away from work, whether paid leave benefits have been exhausted or not.***

Click or tap here to enter text. Enter Date

*Employee Name Date*

*Employee Signature*