

EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE OR EMERGENCY FAMILY AND MEDICAL LEAVE FOR COVID-19 (CORONAVIRUS) RELATED REASON AND SELF CERTIFICATION

Employees requesting either Emergency Paid Sick Leave or Emergency Family and Medical Leave must complete this form, collect proper documentation supporting the need for leave and return both to [] as soon as practicable. Consult the Company's Emergency Paid Sick Leave Policy and Emergency FMLA Policy for more information regarding your entitlement to leave. Providing false information or documentation shall constitute a violation of Company policy.

NAME: _____ **Date of Request:** _____

REASON FOR LEAVE:

EMERGENCY PAID SICK LEAVE AND UNABLE TO WORK OR TELEWORK (work from home):

_____ I am subject to a federal, state or local quarantine isolation order related to COVID-19. I attach documentation related to the order.

- Name of government entity issuing order: _____

_____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. I attach documentation from a health care provider advising self-quarantine.

- Name of health care professional advising self-quarantine: _____

_____ I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

- Name of health care professional from whom seeking diagnosis: _____

_____ I am caring for my child whose school or child-care provider is closed/unavailable due to concerns related to COVID-19. I attach documentation with this request demonstrating that the school or childcare provider is closed/unavailable.

- Name and age of child: _____
- Name of school or child care provider: _____
- Will any other person be providing care for the child? _____
- If the child is older than 14 and needs care during daylight hours, please explain the special circumstances that exist requiring you to provide care during those times: _____

_____ I am caring for an individual who is subject to a federal, state or local quarantine or isolation order related to COVID-19 or who has been advised by a health-care provider to self-quarantine due to concerns related to COVID-19. I attach documentation related to the order.

- Name of individual to whom providing care: _____
- Relationship to you of person to whom providing care: _____
- Name of government entity issuing order or health care provider advising self-quarantine: _____

_____ I am experiencing "any other substantially similar condition" specified by the U.S. Department of Health and Human Services.

LENGTH OF LEAVE: Begin: _____ End: _____

ELECTION TO USE OTHER AVAILABLE LEAVE: *You may elect to use other accrued, paid time off to cover any of the above reasons before using Emergency Paid Sick Leave, to the extent such time is available for the reasons you have identified. Please contact [] should you wish to utilize other paid time off first.*

**EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE OR EMERGENCY
FAMILY AND MEDICAL LEAVE FOR COVID-19 (CORONAVIRUS)
RELATED REASON AND SELF CERTIFICATION**

EMERGENCY FAMILY AND MEDICAL LEAVE (EFML) AND UNABLE TO WORK OR TELEWORK (work from home):

_____ I am unable to work or telework because I am personally caring for my child (under 18) because my child's school or childcare provider is closed/unavailable due to the COVID-19 public health emergency. I attach documentation with this request demonstrating that the school or childcare provider is closed/unavailable.

- Name and age of child: _____
- Name of school or child care provider: _____
- Will any other person be providing care for the child? _____
- If the child is older than 14 and needs care during daylight hours, please explain the special circumstances that exist requiring you to provide care during those times: _____

LENGTH OF LEAVE: Begin: _____ End: _____

ELECTION TO USE OTHER AVAILABLE LEAVE: *The first ten days of EMFL requested shall be unpaid. You may elect to use other PTO/Vacation to cover the first ten days of leave by electing such below. Additionally, you may utilize PTO/Vacation to supplement the partial pay you receive under this leave.*

_____ I wish to use PTO/Vacation to the following unpaid portion of my EFML _____.

_____ I wish to use PTO/Vacation to supplement the following days of the leave _____.

**FOR ALL FORMS OF LEAVE REQUESTED, PLEASE PROVIDE DETAILED REASON FOR REQUEST
OR LEAVE CANNOT BE REQUIRED**

BY SIGNING BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT MAY RESULT IN DISCIPLINARY ACTION, INCLUDING TERMINATION OF EMPLOYMENT.

Print Full Name

Signature

Date