

## Request for Emergency Paid Sick Leave

Employee Name: \_\_\_\_\_

Employee Title/Position: \_\_\_\_\_

Employee Date of Hire: \_\_\_\_\_

**Please choose one:**

- I am subject to a federal/state/or local quarantine/isolation order related to COVID-19. (Please include information relating to the quarantine/isolation order, including the name of the government body advising quarantine/isolation).
- I have been advised by a health care provider to self-quarantine related to COVID-19. (Please include the name of the health care provider advising self-quarantine and include a copy of the provider's order, if available).
- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Please include information regarding your symptoms (attach a separate sheet) and additional information concerning your plan to seek treatment/diagnosis).
- I am caring for an individual who meets the requirements of number 1 or 2 above. (Please include the information listed in reasons 1 & 2, as well as the name of the individual the employee will be caring for and the relationship of the person to the employee).

**Choose one:**

- I am able to telework
- I am not able to telework

If no, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) for which leave is requested: \_\_\_\_\_

State whether you are requesting full day leave or are able to work partial day/reduced hours.  
If you are able to work partial day/reduced hours, please specify your availability:

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Employee Signature:

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Date:

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**For Office Use Only:**

Circle one: Request is Approved / Request is Denied

Length of Time Leave Approved For: \_\_\_\_\_

Employee Pay Explanation:

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