



**REQUEST FOR EMERGENCY PAID SICK LEAVE  
FAMILIES FIRST CORONAVIRUS RESPONSE ACT**

Full time employees who are unable to work or telework, are entitled to as much as 80 hours of emergency paid sick leave. Similarly, part time employees are entitled to the number of hours equal to an average of the hours worked over a 2 week period.

Employee's Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_  Perm  PPT  Temp Date of Request: \_\_\_\_\_

Department/Division: \_\_\_\_\_

\_\_\_\_\_ hours of Emergency Paid Sick Leave are requested for the reason checked below.

For circumstances 1-3 noted below, an employee is entitled to a benefit of the regular rate of pay, max at \$511 per day, or \$5,110 in aggregate.

- 1. Subject to a Federal, State, or Local quarantine or isolation order related to COVID-19
- 2. Been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- 3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis

For circumstances 4-6 noted below an employee is entitled to a benefit at two-thirds of the regular rate of pay, max at \$200 per day, or \$2,000 in aggregate.

- 4. To care for an individual who is subject to an order to quarantine or isolate, or has been advised to self-quarantine;
- 5. Caring for a son(s) or daughter(s) of such employee if the school or place of care of the son(s) or daughter(s) has been closed, or the childcare provider of such son(s) or daughter(s) by the name of \_\_\_\_\_ is unavailable due to COVID-19 precautions;
- 6. Is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

**Method of Leave Requested**

- Consecutive Leave beginning on \_\_\_\_\_ Expected Duration: \_\_\_\_\_
- I hereby authorize the integration of my available leave balances in accordance with my respective MOU or salary resolution.
- I do not wish to integrate my available leave balances in accordance with my respective MOU or salary resolution.

**Documentation**

- I have attached a quarantine or isolation order or identified the government entity; OR
- I have attached a healthcare provider's statement advising me to self-quarantine due to concerns related to COVID-19; OR
- I have attached a school or childcare provider notice of closure and affirm no other suitable person is able to care for my son(s) and/or daughter(s).

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

- Approved  Has not met requirements above