



Request for COVID-19 Paid Sick Leave
(Effective 4/01/20 through 12/31/20)

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee K# : \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

I am unable to work or telework and request to use COVID-19 Paid Sick leave for one of the following reasons:

- 1. \_\_\_I am subject to a Federal, State or local quarantine or isolation order related to COVID-19;
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 subject to an order described in (1) or self-quarantine as described in #2;
5. \_\_\_I am caring for my child whose school or place of care (or child care provider is unavailable) due to COVID-19 related reasons; or
6. \_\_\_I am experiencing any other substantially similar condition specified by the US Department of Health and Human Services.

\_\_\_ Consecutive Leave (Specify dates with an attachment).

\_\_\_ Intermittent Leave Schedule (Specify schedule with an attachment indicating the hours/days you plan on working and the hours/days you plan on taking as COVID-19 paid sick leave).

Paid leave entitlement under Families First Coronavirus Response Act (FFCRA):

Up to two weeks (80 hours, or a part-time employee's equivalent) of paid sick leave based on higher of their regular rate of pay, or the applicable state or Federal minimum wage.

Employee Signature

Date

Human Resources Review & Signature

Date

Cc: Payroll