**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Anticipated Start Date for Leave: \_\_\_\_\_\_\_\_\_ # of Hours Requested (80 max): \_\_\_\_\_\_\_\_**

**Reason for sick leave request under the Emergency Paid Sick Leave Act (check the appropriate box):**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason | 🗹 | Reason for Paid Sick Leave | Calculation of Pay |
| 1 |  | I am subject to a Federal, State or local quarantine or isolation order | Reg Rate or min wage, up to $511 per day |
| 2 |  | I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 | Reg rate or min wage up to $511 per day |
| 3 |  | I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis | Reg rate or min wage up to $511 per day |
| 4 |  | I am caring for an individual subject to an a Federal, State or local quarantine or isolation order related to COVID-19 or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 | 2/3 reg rate or 2/3 minimum wage up to $200 per day |
| 5 |  | I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19 | 2/3 reg rate or 2/3 min wage up to $200 per day |
| 6 |  | I am experiencing another 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 | 2/3 reg rate or 2/3 min wage up to $200 per day |

**Reason #1 – Federal, State or local quarantine or isolation order**

If you are electing paid sick leave for reason #1 above (isolation order), please name the government entity that issued the quarantine or isolation order to which you are subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason #2 – Health care provider self-quarantine order**

If you are electing paid sick leave for reason #2 (health care provider order), please name the health care provider making the quarantine recommendation:

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

**Reason # 4 – Caring for individual**

If you are electing paid sick leave for reason #4, please name either the government entity that issued the quarantine or isolation order or the health care provider making the quarantine recommendation:

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

**Reason #5 – Child-Care**

If you are electing paid sick leave for reason #5 (child care):

Name of child(ren) being cared for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school, place of care or child care

provider that closed or became unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Acknowledgement**

I certify that I am unable to work or telework due to the reason stated above.

I certify that if I am requesting leave due to child care issues (reason #5) I attest that no other suitable person is available to care for the child during the period of requested leave.

I will provide requested documentation to support my need for leave, or I attest to the reason here if documentation is not immediately available. I understand that falsification of any information regarding this absence may be grounds for disciplinary action, including termination.

**Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**