|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COVID-19 Related Emergency Paid Sick Leave**  (April 1, 2020 to December 31, 2020) | | | | | |
| *LEAVE REQUEST FORM* | | | | | |
| Employee Name: |  | | | | |
| Job title: | | Department: | | | Date of Hire: |
| Request leave start date: \_\_\_\_\_\_ /\_\_\_\_\_\_ /2020 | | | | Hours Requested:[[1]](#footnote-1) | |
| My contact information during leave would be: | | | | | |
| Address: | | | Phone: | | Email: |

|  |  |  |
| --- | --- | --- |
| **Reason for Paid Sick Leave** | | **Rate of Sick Leave Paid** |
|  | I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. | Hourly rate not to exceed $511 per day |
|  | I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. | Hourly rate not to exceed $511 per day |
|  | I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis. | Hourly rate not to exceed $511 per day |
|  | I am caring for an individual who is subject to 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 hourly rate (or at least minimum wage) not to exceed $200 per day |
|  | I am caring for my child because the school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 precautions. | 2/3 hourly rate (or at least minimum wage) not to exceed $200 per day |
|  | I am 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. | 2/3 hourly rate (or at least minimum wage) not to exceed $200 per day |

***I certify that I am unable to work (telework) due to the reason marked above. I understand that falsification of any information regarding this absence may be grounds for disciplinary action, including termination.***

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

*Note: First Responders and certain Health Care Providers May Be Excluded from Coverage Under the Emergency Paid Sick Leave Act.*

1. Up to 80 hours max for full-time employees. Leave may be taken incrementally (the entire period of available paid leave does not have to be taken at one time). [↑](#footnote-ref-1)