

## Emergency Paid Sick Leave Form

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

Today's Date: \_\_\_\_\_

Amount of Time-Off Requested: \_\_\_\_\_  Days  Hours

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Emergency Sick Leave Balance: \_\_\_\_\_

### Reason for Request

1.  - You are subject to a government quarantine or isolation related to COVID-19
2.  - You have been advised by a healthcare provider to self-quarantine due to COVID-19
3.  - You are experiencing symptoms of COVID-19 and seeking a medical diagnosis
  
4.  - You are caring for any individual who is subject to a government quarantine order or healthcare provider quarantine advice
5.  - You are caring for your own child because schools are closed, or their regular paid caregiver is unavailable due to the COVID-19 precautions
6.  - You are 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

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

Date: \_\_\_\_\_