

## **Request for Leave during COVID-19**

Please complete this Request Form and return it to your manager:

**Employee Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Time off Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Return to Work Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check the leave requested.**

☐ **Emergency Family & Medical Leave (if company eligible)**

Caring for their child if the child's school or place of care has been closed, or the child-care provider is unavailable due to COVID-19 precautions; child 18 or younger

Please provide the following:

- Age(s) Child/Children \_\_\_\_\_
- Name of the school that has closed or place of care that is unavailable  
\_\_\_\_\_
- Can any other person provide care? \_\_\_\_\_

☐ **Emergency Paid Sick Leave** Please state reason you need time off:

- ☐ Subject to a federal, state or local quarantine or isolation order related to COVID-19; (Provide name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine \_\_\_\_\_)
- ☐ Advised by a health care provider to self-quarantine due to concerns related to COVID-19; (Provide certification from health care provider)
- ☐ Experiencing symptoms of COVID-19 and seeking a medical diagnosis;
- ☐ Caring for an individual who is subject to a government quarantine or a self-quarantine advised by a health care provider (Provide name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine)
  - Provide the name and relationship of the individual in your care:  
\_\_\_\_\_
- ☐ Experiencing any other "substantially similar condition" specified by the Secretary of Health and Human Services.
- ☐ Caring for their child if the child's school or place of care has been closed, or the child-care provider is unavailable due to COVID-19 precautions; child 18 or younger

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