



Employee Name: _____

Department: _____ Supervisor: _____

Position Title: _____ Date of Request: _____

Expected Duration of Leave: _____

I am unable to work or telework and request to use COVID-19 Paid Sick leave for the following reason(s) (check one):

- 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 is closed (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 U.S. Department of Health and Human Services.

(Proof of eligibility may be required)

Method of Leave Requested

- A. Consecutive Leave (Date Range): _____
- B. Intermittent or Reduced Leave Schedule*

*Intermittent or Reduced Leave scheduling will be determined on a case-by-case basis. Unless you are teleworking, once you begin taking paid sick leave for one or more of these qualifying reasons, you must continue to take paid sick leave each day until you either (1) use the full amount of paid sick leave or (2) no longer have a qualifying reason for taking paid sick leave. This limit is imposed because if you are sick or possibly sick with COVID-19, or caring for an individual who is sick or possibly sick with COVID-19, the intent of the Families First Coronavirus Response Act (FFCRA) is to provide such paid sick leave as necessary to keep you from spreading the virus to others.

Employee's Signature: _____

Date: _____