

CORONAVIRUS RESPONSE PAID LEAVE REQUEST

Employees requesting Emergency Paid Sick Leave (EPSL) or Expanded Family and Medical Leave (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. Please provide as much advance notice as is reasonably practicable by submitting this form to Human Resources.

Employee Name:	
Employee Home Address:	E-mail:
Home Phone Number:	Cell Phone Number:
This is a (choose one): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	
Anticipated Begin Date of Leave:	Expected End of Leave:
<p>Reason for Leave (check all applicable) I am unable to work (or telework) for the following reasons:</p> <p><input type="checkbox"/> I am subject to state, federal or local quarantine or isolation order related to COVID-19 Name of person/entity issuing order:</p> <p><input type="checkbox"/> I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19 Name of person/entity issuing order: Name of person being cared for:</p> <p><input type="checkbox"/> I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19 Name of health care professional advising self-quarantine:</p> <p><input type="checkbox"/> I have symptoms related to COVID-19 and I am seeking a diagnosis</p> <p><input type="checkbox"/> I need to care for my child under age 18 because the child's school, child care or child care provider is closed or unavailable because of COVID-19 and no other person will be providing care Name of school/care provider: Name and age(s)* of child(ren): If child is over 14 years old, please set forth the special circumstances which require you to stay home to care for the child during daylight hours: <input type="checkbox"/> requires supervision and assistance to access and complete academic work, or <input type="checkbox"/> requires supervision due to physical, mental or developmental needs, or <input type="checkbox"/> other reasons (please specify) :</p> <p><input type="checkbox"/> I am experiencing other conditions substantially similar to COVID-19 as specified by HHS.</p>	
If Requesting Leave to Care for a Child because school, child care, or child care is closed or unavailable:	
I am requesting (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> Intermittent leave	
If you are requesting intermittent leave, please describe the schedule you request to take leave. Intermittent leave requests will be considered on a case-by-case basis: _____ _____	

I certify that the above information is accurate and complete. I understand that I am expected to return to work on the scheduled return date, to work the schedule indicated above unless agreed otherwise, and to contact Human Resources about any absence from work beyond such scheduled dates and times.

Employee Signature: _____

Date: _____