

EMERGENCY PAID LEAVE REQUEST FORM

Employees requesting Emergency Paid Sick Leave or Emergency Family and Medical Leave Act leave pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form.

Date: _____

Leave Requested: Emergency Paid Sick Leave is available for reasons (1)-(6) listed below. Emergency FMLA leave is available for reason (5) listed below. **If you are applying for leave based on reason (5), and wish to receive pay for the first two weeks of your leave, you must check both boxes below. If you are applying based on reason (5) and wish to take unpaid leave for the first two weeks, check only the eFMLA box.**

- Emergency Paid Sick Leave
- Emergency Family and Medical Leave

EMPLOYEE INFORMATION (please print)

Employee Name	
Employee Mailing Address	
Home Phone Number	
Cell Phone Number	
Email Address	

EXPECTED DURATION OF LEAVE

First Day Off Work: _____

Expected Return Date: _____

TYPE OF REQUESTED LEAVE:

I would like to request Emergency Paid Leave for the following reason(s) (please check all that apply):

- (1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19;
Order issued by: _____
(provide a copy of the order applicable to the employee if possible)
- (2) I have been advised by a health care provider to self-quarantine because of COVID-19;
Name of healthcare provider: _____
(provide a copy of the health care order applicable to the employee if possible)
- (3) I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis;
Name of healthcare provider: _____
(documentation identifying symptoms and date for a test or doctor's appointment)
- (4) I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19;
Name of individual: _____

Relationship to individual: _____
Name of Government entity or healthcare provider that required the quarantine: _____
(provide a copy of the order)

- (5) I am caring for my child under age 18 because the child's school, childcare, or childcare provider is closed, or the childcare provider is unavailable due to COVID-19 precautions;
 - Name of Child(ren) and Age(s): _____
 - Name of School/Childcare Provider: _____
 - _____(initial) I represent that no other suitable person is available to care for the child(ren) listed above during the period for which I am receiving paid leave under FFCRA.
- (6) I am experiencing any other conditions substantially similar to COVID-19 as specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor.

REQUESTED DATES

Employees taking leave under any reason other than (5) above are entitled to a maximum of 80 hours of leave under the FFCRA. Employees taking leave under reason (5) are entitled to a maximum of 12 weeks of leave under the FFCRA.

I will need (choose one):

- Continuous leave (dates indicated above)
- Intermittent leave (not available for reason (5))

If you are requesting intermittent leave, please describe the nature of your leave and outline the dates below. Note that if you are teleworking, the leave may be taken intermittently in increments agreed upon with your supervisor, but if you are physically at the workplace, the leave may only be taken in full-day increments.

COMPENSATION

The employee will be compensated for Emergency Paid Sick Leave at their regular rate, up to \$511 per day, where leave is taken for reasons (1), (2), and (3) above (employee's own illness or quarantine). The maximum payment an employee may receive while on leave under reasons (1), (2) and (3) is \$5,110.

The employee will be compensated for Emergency Paid Sick Leave at two-thirds (2/3) their regular rate, up to \$200 per day, where leave is taken for reasons (4), (5) and (6) above (care for others or school/childcare closures). Employees taking leave under reasons (4) or (6) may receive a maximum of \$2,000 while on leave. Employees taking leave under reason (5) may receive a

maximum of \$10,000 while on leave. You may choose to supplement your pay to receive your full regular rate by using 1/3 day paid leave (if you have it available) for each day of FFCRA leave. Please indicate below if you would like to supplement with other available paid leave:

- I **DO** want to supplement my FFCRA leave with other paid leave I have accrued.
- I **DO NOT** want to supplement my FFCRA leave with other paid leave I have accrued.

ACKNOWLEDGEMENT

I am requesting leave related to COVID-19 and certify that I am unable to work/telework for the reasons indicated above. I further understand that providing false or misleading information about my absence will result in disciplinary action, up to and including termination of my employment.

Employee Signature: _____

Date: _____

Treasurer's Signature: _____

Date: _____