



REQUEST TO USE EMERGENCY PAID SICK LEAVE OR EMERGENCY FMLA UNDER THE FAMILIES FIRST CORONA VIRUS RESPONSE ACT

Employee Name: _____ Date: _____

School/Department: _____

I certify that I am unable to work or telework for the following reason:

I am subject to a federal, state or local quarantine or isolation order related to COVID-19 that specifically prevents me from working.

Name of government entity issuing the order: _____

I have been advised by a health care provider to self-quarantine because of concerns related to COVID-19.

Name of health care provider: _____

I have symptoms of COVID-19 and I am seeking (or have sought) a diagnosis.

I am caring for another individual who is subject to quarantine or has been asked by a health care provider to self-quarantine related to COVID-19.

Name of the person I am caring for and our relationship: _____

Name of the government entity issuing the order or name of advising health care provider: _____

I need to care for my child(ren) because their school or childcare provider is closed or unavailable because of COVID-19. I certify that no other suitable person is available to care for the child(ren) during the period of requested leave. If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.

Name and age of child(ren):

Name of closed school(s) or place(s) of care:

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

Employee Signature: _____

Principal/Department Head Signature: _____

**If signing electronically, please type your full name followed by "e-signed."