

# Emergency FMLA or Paid Sick Leave Request Form

Please complete this form if you are requesting leave under the **Families First Coronavirus Response Act** for either Emergency Family Medical Leave (EFML) or Emergency Paid Sick Leave (EPSL). **Please return to your Supervisor.**

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

**Date Submitted:** \_\_\_\_\_

**Reason for Leave:** \_\_\_\_\_ Is subject to a federal, state, or local quarantine or isolation order.

\_\_\_\_\_ Has been advised by a health care provider to self-quarantine.

\_\_\_\_\_ Is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.

\_\_\_\_\_ Is caring for an individual subject (or advised) to quarantine or isolation.

\_\_\_\_\_ Is caring for a son or daughter whose school or place of care is closed, or childcare provider is unavailable, due to COVID-19 precautions; or

\_\_\_\_\_ Is experiencing substantially similar conditions as specified by the Secretary of Health and Human Service.

**Leave Dates:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Date Returning to Work:** \_\_\_\_\_

**Required Documentation:** According to the Department of Labor, employers must require employees to provide documentation when they take leave under the EPSL Act and the FMLA Expansion Act.

- Emergency Paid Sick Leave Documentation: Employees should provide: (1) the source of any quarantine or isolation order, or the name of the health care provider who has advised the employee to self-quarantine. This documentation could include a copy of the Federal, State or local quarantine or isolation order related to COVID-19 applicable to the employee or written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19.
- FMLA Expansion Act Documentation. Employees should provide a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or childcare provider.

My signature on this form is intended to certify that: (1) the above stated reason for the request of leave is true and correct, (2) I am unable to telework, based on the reason above and (3) I am able to provide the required documentation for the leave.

**Employee Printed Name:** \_\_\_\_\_

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

**Processed By:** \_\_\_\_\_ **Approved:** \_\_\_ **Declined:** \_\_\_

**Notes:**