



Request for Emergency Paid Sick Leave and FMLA Expansion Leave

To request emergency paid sick leave and FMLA expansion leave as provided under the Families First Coronavirus Response Act and [Company Name]’s FMLA Leave Expansion and Emergency Paid Sick Leave Policy, please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences.

Employee Name (print clearly): _____

Requested Leave Start Date: _____ End Date: _____

I am requesting leave due to my inability to work because (check the appropriate reason below):

- 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 due to concerns related to COVID–19.
- 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID–19; and,
 - I attest that no other suitable person is available to care for my child during the requested period of leave.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

I have attached documentation supporting my need for leave.

Employee Signature _____ Date _____

Manager Signature _____ Date _____

HR Department Rep. Signature _____ Date _____

This sample document is only an example and is based on the laws in effect at the time it was written. SESCO Management Consultants does not make any representations or warranties regarding the appropriateness or prudence of using this information for any particular individual or situation. Employers should add, delete, or modify the content of this document as needed to suit your purposes.

To be considered eligible for reasons #1-4 and #6, an employee must provide the following information:

Name, phone number, and address of the health care professional advising self-quarantine OR name of the governmental entity ordering quarantine *(if applicable)*

Name of clinic/hospital/telemed service *(if applicable)*

Date of service *(if applicable)*

Full name of individual subject to a quarantine order or advised to self-quarantine by a health care provider *(if applicable and if other than employee)*

Relationship to employee *(if applicable and if other than employee)*

Employee Attestation:

I understand that providing false or misleading information regarding the need for leave will be grounds for corrective action, up to and including termination of employment.

Employee Signature _____

Date _____

To be considered eligible for reason #5, an employee must provide the following information:

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Name, address, phone number of school or place of care that is unavailable

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Full name and age of child to be cared for

Full name and age of child to be cared for

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Full name and age of child to be cared for

Full name and age of child to be cared for

For any child older than 14, provide a statement detailing the special circumstances that exist requiring you to provide care during daylight hours.

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Employee Attestation:

I certify that no other person will be providing care for the child(ren) named above during the period for which I am receiving leave.

I understand that providing false or misleading information regarding the need for leave will be grounds for corrective action, up to and including termination of employment.

Employee Signature

Date