

REQUEST FOR EMERGENCY PAID SICK LEAVE

Please complete the following request form and submit to the School’s Administrator or designee as soon as possible and before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the Emergency Paid Sick Leave and Expanded Family Medical Leave Policy.

Employee Name (print clearly): _____

Requested Leave Start Date: _____ End Date: _____

The amount of EPSL being requested is _____ hours.

[Optional: I wish to take intermittent leave for reason #5 below, during the following days and hours:]

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

I am requesting this emergency paid sick leave due to my inability to work (or telework) 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 child care provider is unavailable due to COVID–19 precautions; 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 any other substantially similar condition specified by the U.S. Secretary of Health and Human Services in consultation with the U.S. Secretary of the Treasury and the U.S. Secretary of Labor. (NOTE: As of the date of this policy, no other conditions have been identified.)

I have attached appropriate documentation supporting my need for leave.

Employee Signature: _____ Date: _____

Administrator’s Signature: _____ Date: _____

EMPLOYEE STATEMENT SUPPORTING EPSL

I, _____, provide the following information in support of my request for Emergency Paid Sick Leave (complete all that apply):

Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order:

Effective dates of the order: _____

Leave due to a health care provider’s advice to self-quarantine

Name of the health care provider advising me or the individual I am caring for to self-quarantine:

Written documentation is available and attached: Yes No

Name and relation of the individual who I am needed to care for:

Name: _____ Affiliation/Relation: _____

Leave due to a school or place of child care closed due to COVID-19

Name of school or place of care:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

Leave due to a substantially similar condition specified by the secretary of health and human services

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ Date: _____