



**Request for use of Emergency  
Family Medical Leave or  
Emergency Paid Sick Leave**

Name \_\_\_\_\_

E Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I am requesting leave due to:

- ☐ Being subject to a governmental quarantine or isolation due to COVID-19
- ☐ Being advised by a healthcare provider to self-quarantine due to COVID-19
- ☐ Experiencing the symptoms of COVID-19 and am seeking a diagnosis
- ☐ Caring for an individual subject to or advised to quarantine or isolate
- ☐ Caring for a child whose school or childcare is closed or unavailable due to COVID-19
- ☐ Experiencing substantially similar conditions as those specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury

Please provide an explanation of the documentation you provide along with this request:

I am requesting this leave from: \_\_\_\_\_ until \_\_\_\_\_  
Begin date End date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## Request for use of Emergency Family Medical Leave or Emergency Paid Sick Leave

### Supervisor Must Complete this Section

Have you discussed the option to telecommute, flex the work schedule, or provide an alternate shift with this employee?

Yes

No

Are you able to provide alternate work to your employee?

Yes

No

If you answered "No," please explain why alternate work is not available to your employee:

Is this employee a licensed doctor of medicine, nurse practitioner, or other health care provider permitted to issue a certification for purposes of FMLA?

Yes

No

Does this employee provide diagnostic services, preventive services, treatment services, or other services that are integrated with and necessary to the provision of patient care and, if not provided, would adversely impact patient care?

Yes

No

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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### This section for HR/Payroll use only

This leave request is ☐ Approved

☐ Denied

Employee Status ☐ Full Time

☐ Part Time

Hourly Rate of Pay \_\_\_\_\_ Avg Hrs Worked per Week \_\_\_\_\_

Pay employee ☐ 100% of regular pay capped at \$511 per day

☐ 2/3 of regular pay capped at \$200 per day