Application for Emergency Paid Leave Request

Employee Name (Last, First, MI)		Contact Phone Number

TimeClock Plus ID # / Employee #	Department

I request leave beginning on (date):	My expected return date is:

Emergency Paid Sick Leave

☐ Check here if you want to submit a request for *Emergency Paid Sick Leave.*

Select one or more of the following reasons for why you are unable to work, including telework:		
☐	1.	I am subject to federal, state, or local quarantine or isolation order related to COVID–19. Name of governmental entity ordering quarantine:
☐	2.	I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19. Name of the health care professional advising self-quarantine:
☐	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.** Name and relationship to employee: Name of governmental entity ordering quarantine or health care professional advising self-quarantine:
☐	5.	I am caring for a child due to a school or place of closure, or the childcare provider of the child is unavailable, due to COVID–19. I certify that no other person will be providing care for the child during the period for which I am receiving paid leave. ** ☐ *Select if applicable*: Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours. Name and Age of Child: — Name of School / Place of Care that is Closed: Name and Age of Child: — Name of School / Place of Care that is Closed: Name and Age of Child: — Name of School / Place of Care that is Closed:
		**Only pays 2/3 of 80 hours

Application for Emergency Paid Leave Request

Paid Family and Medical Leave

☐ Check here if you want to submit a request for *Paid Family and Medical Leave.*

An employee may be eligible to receive both Emergency Paid Sick Leave and Paid Family and Medical Leave.

I am unable to work, or telework, in order to care for a child because their school or place of care has been closed or their childcare provider is otherwise unavailable to provide care due to COVID-19. I certify that no other person will be providing care for the child during the period for which I am receiving paid leave.

☐ *Select if applicable*: Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours.

Name and Age of Child:	Name of School / Place of Care that is Closed:
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Use of Other Paid Time Off

Please select available paid leave to use during the first 10 days of leave:

☐	Company-provided sick leave (only available for use if you are taking leave to care for yourself or a family member)
☐	Company-provided vacation, emergency, or comp time (if available)
☐	Emergency Paid Sick Leave (see above)

I certify that I am requesting leave for a covered reason under the Families First Coronavirus Response Act (FFCRA) and will provide additional documentation to support this leave. **Please provide doctors certification for yourself, family member you are caring for, or documentation showing the school or daycare is closed.** I acknowledge that I am subject to discipline, up to and including termination of employment, for falsifying my need for paid leave under the FFCRA.

Employee Signature	Date