



REQUEST FOR EMERGENCY SICK LEAVE

Please complete the form by answering all seven (7) questions and leaving **NO** fields blank.

1. Employee’s full name: _____ Employee #: _____
2. Employee’s phone number/email address: _____
3. Division/Department/Unit in which employee is regularly employed: _____
4. Employee’s job title: _____ FT or PT? _____ Average weekly Hours: _____
5. Employee is seeking Emergency Sick Leave for one of the following reasons:
 - Employee is ordered to be quarantined or isolated by federal, state, or local order due to COVID-19.
 - Employee is advised by a health care provider to self-quarantine related to COVID-19.
 - Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 - Employee is caring for an individual subject to a federal, state, or local quarantine or isolation order or who is advised by a health care provider to self-quarantine due to concerns with COVID-19.
 - a)Name of individual being cared for: _____
 - b)Relationship to employee: _____
 - Employee is caring for his or her child because of the closure of school or the unavailability of childcare due to COVID-19.
 - a)Name and date of birth of child (ren): _____
 - b)Name of school and or childcare: _____
 - Employee is experiencing any substantially similar condition as specified by the federal government.
6. Date on which requested Emergency Sick Leave is to commence: _____
7. Intermittent: Yes No If so, please indicate how often (twice a week, every third day, etc.):

By signing below, the employee acknowledges they have read and understand the Emergency Leave Policy and the answers given above are true to the best of their knowledge and belief.

Employee’s Signature /or Completed by, if employee is unavailable*

Date

*person completing form should print name legibly and attach supporting documentation (email, texts, etc.)

COMPLETED FORMS SHOULD BE SENT TO HR-BENEFITS FOR PROCESSING

