

REQUEST FORM - 2

LEAVE FOR QUALIFYING COVID-19 REASONS

[use Request Form-1 for reasons related to COVID-19 school/daycare closures]

Emergency Paid Sick Leave Not available for Emergency Responders and Health Care Providers

A new federal law provides up to 80 hours (for a full-time employee) of emergency paid sick leave when an employee is unable to work or telework when the employee:

1. is subject to a federal, state, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19 because the employee has or may have COVID-19 or the employee is particularly vulnerable to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in #1 or self-quarantine as described in #2;
5. is caring for a child whose school or place of care is closed (or their regular child care provider is unavailable) for reasons related to COVID-19; or
6. is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services. [This is not available because the HHS Secretary has not specified conditions].

If you wish to request emergency paid sick leave when you are unable to work or telework because of one of the reasons above, please provide the following information:

Employee name

Dates of leave requested

Are you requesting intermittent or consistent leave? If intermittent, please state your work availability. *Intermittent leave is available only upon mutual agreement between you and your agency.*

State the reason for your leave. *You must refer to one of the qualifying reasons above.*

Are you unable to work or telework because of this COVID-19 reason? Yes ___ No ___

If you are requesting leave because you are subject to a federal, state, or local quarantine or isolation order related to COVID-19 (reason #1), what government entity has issued the quarantine/isolation order that prevents you from working or teleworking? [NOTE: *The stay-at-home order issued by Gov. Mills does not prevent any state employee from working and therefore does not satisfy this requirement*]. _____

If you are requesting leave because you have been advised by a health care provider to self-quarantine related to COVID-19 (reason #2 above), state the name of that health care provider:

If you are requesting leave because you are caring for an individual who is subject to a government quarantine or isolation order or who was advised by a health care provider to self-quarantine related to COVID-19, please provide either the name of the government issuing the quarantine or isolation order or the name of the health care provider advising the individual to self-quarantine *as applicable*:

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: _____