



Employee Name: _____ **Date(s) requested for leave: From:** _____ **To:** _____

Please select the reason you are requesting leave and supply the required information:

- I am subject to a federal, state, or local quarantine or isolation order related to COVID-19. Name of governmental entity ordering quarantine: _____
- I have been advised by a health care professional to self-quarantine due to COVID-19 concerns. Name of health care professional: _____
- I am experiencing COVID-19 symptoms and seeking medical diagnosis. Name of healthcare professional assisting with diagnosis and/or testing recommendations: _____
- I am caring for an individual subject to a federal, state, or local quarantine or isolation order or advised by a healthcare provider to self-quarantine due to COVID-19 concerns. Name of person for whom you are providing care: _____ Relationship to person for whom you are providing care: _____
- I am experiencing a substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and Secretary of Labor. Please explain: _____

- I am caring for my child(ren) because their school or place of care is closed, or their care provider is unavailable due to a public health emergency. Provide the following information for each child:

Name of Child	Age	School or Place of Care that is Unavailable

For children older than 14 who require care during daylight hours, provide a statement explaining what special circumstances exist that require you to provide care: _____

Required Check Box for Emergency Family and Medical Leave to care for child:

- I am not able to work or telework due to the need to provide care for the above child(ren) and I attest that no other person will be providing care for the child(ren) during the period for which I am receiving family medical leave.

ONLY for Emergency Family and Medical Leave to care for a child:

Payment options for first two weeks:

- 2/3 your regular rate of pay per the Paid Sick Leave Act
- Unpaid
- Use my existing employer provided sick time or PTO

If intermittent leave is requested, please explain:

I certify that the information provided is accurate and complete. I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment. I understand if I fail to report to work on or before the scheduled return date indicated above or fail to contact my employer regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Signature _____ **Date:** _____