

Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act Leave Request Form

Employee Name	Today's Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Employee Street Address
<input style="width: 95%;" type="text"/>

City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Does your spouse work for this company?

- Yes No

Reason for taking leave because you cannot work, including telework:

Emergency Paid Sick Leave (check one)

- The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- The employee is caring for an individual who (i) is subject to a Federal, State, or local quarantine or isolation order related to COVID-19, or (ii) has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions.

Emergency Paid FMLA (check if applicable)

- The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions.

Note: Please request the proper form(s) from the Company for traditional unpaid FMLA leave.

Please complete the following section if leave will be taken continually or for the entire period.

Date Leave Will Begin:

Date of Return to Work:

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Please complete the following section if you are requesting intermittent leave.

Schedule of needed time off:

<input style="width: 95%; height: 95%;" type="text"/>

Employee Signature	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Supervisor Signature	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>