

EMERGENCY PAID SICK LEAVE REQUEST

This form is to be completed by employees who are requesting Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA). You must provide as much advance notice as reasonably possible. Please submit completed forms to your **[Human Resources Department, Practice Manager or Owner]** for processing.

Employee Name:	
Employee Home Address:	
Email:	
Home Phone:	Cell Phone:
This is a (circle one): New request for leave	Request for an extension of leave
Anticipated Begin Date of Leave:	Expected Return to Work Date:
Reason for Leave (check all applicable) I am unable to work (or telework) for the following reasons: <ul style="list-style-type: none"> <input type="checkbox"/> I am subject to state, federal or local quarantine or isolation order related to COVID-19. <input type="checkbox"/> I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19. <input type="checkbox"/> I have symptoms related to COVID-19, and I am seeking a diagnosis. <input type="checkbox"/> I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19. <input type="checkbox"/> I need to care for my child under age 18 because the child's school, childcare or child care provider is closed or unavailable because of COVID-19. <input type="checkbox"/> I am experiencing other conditions substantially similar to COVID-19 as specified by HHS. 	
I will need (circle one): Continuous leave Intermittent leave	
If your need for leave is intermittent, please describe the nature of your intermittent leave:	

I certify that the above information is accurate and complete. I understand that if I fail to report to work on or before the scheduled return date indicated above or fail to contact [Human Resources, Practice Manager, Owner] regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____

Date: _____

Human Resources Signature

Date