Form to Request Federal Paid Sick Leave for COVID-19

Starting on April 1, 2020, if you are unable to work because of the COVID-19 pandemic, you may be eligible for paid sick leave under new federal legislation. Your leave will be paid at your regular rate of pay, capped at $511 per day, if you need leave for reasons 1-3 below. Your leave will be paid at 2/3 your regular rate of pay, capped at $200 per day, if you need leave for reasons 4-6 below. Full-time employees may take up to 80 hours of paid sick leave for a qualifying reason. Part-time employees may take the number of hours they typically work in an average two-week period. To request paid COVID-19 sick leave, please check the box below that describes the reason you are not able to work (including but not limited to remote work, "work from home" or telework) and fill in the requested information:

☐   You are subject to a federal, state, or local quarantine or isolation order related to COVID-19.

     Government entity issuing quarantine or isolation order: _____

☐   You have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

     Name of health care provider: _____

☐   You are experiencing symptoms of COVID-19 *and* you are seeking a medical diagnosis.

☐   You are caring for an individual (including but not limited to a family member or member of your household) who

         1)   is subject to a federal, state, or local quarantine or isolation order related to COVID-19, such as a "shelter in place" order; or

         2)   has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

     Name of individual: _____

     Individual's relationship to you: _____

☐   You are caring for your minor child because your child's school or daycare closed or your childcare is unavailable because of COVID-19.

     Name and age of child:_____

     If child is older than age 14, describe the special circumstances that exist which require you to care for this child during daytime hours: _____
     _____

Name of the child's school or place of care: _____

I certify that I am not able to work remotely while caring for this child.
Employee's initials: _____

I certify that no other person will be providing care for this child during the leave.
Employee's initials: _____

☐   You are experiencing a substantially similar condition, as specified by the U.S. Departments of Health and Human Services, Labor, and Treasury.

Please note that Human Resources may ask for documentation at any point to confirm your eligibility for this leave. If you are unable to work but do not qualify for one of the six reasons above, contact Human Resources to discuss other options for leave.

Date You Request Leave to Begin: _____

Date You Anticipate Returning to Work: _____

Employee's Name (Printed):   _____

Employee's Signature: _____

Form to Request FMLA leave for COVID-19

Starting on April 1, 2020, if you are unable to work because of the COVID-19 pandemic, you may be eligible for a partially paid leave of absence through the Family and Medical Leave Act, under recent federal legislation. If eligible, you may take up to 12 weeks of leave for limited reasons described in the new federal legislation. The first two weeks of leave are unpaid, but you may use PTO or earned sick or safety leave to receive pay during those weeks. The remaining ten weeks are paid at 2/3 your average rate of pay, capped at $200 per day.

To be eligible for this FMLA leave, you must:

☐   Have worked for the company for at least 30 days; and

☐   Be unable to work because you are caring for your minor child since your child's school or daycare closed or your childcare is unavailable due to COVID-19.

Name and age of child:_____

If child is older than age 14, describe the special circumstances that exist which require you to care for this child during daytime hours: _____
_____

Name of the child's school or place of care: _____

I certify that I am not able to work remotely while caring for this child.
Employee's initials: _____

I certify that no other person will be providing care for this child during the leave.
Employee's initials: _____

Please note that Human Resources may ask for documentation confirming your eligibility for this leave.

Date You Request Leave to Begin: _____

Date You Anticipate Returning to Work: _____

Employee's Name (Printed):   _____

Employee's Signature: _____