



### How to Use this Document:

On the following page is the Emergency COVID-Related Leave Employee Request Form. Delete this cover page and distribute among your organization. Employees may complete the form electronically by entering text into the gray fields.

# EMERGENCY COVID-RELATED LEAVE REQUEST FORM

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# Emergency Paid Sick Leave and Emergency FMLA Request Form

Employee Name	Employee ID Number	Date
Title	Supervisor	Department
Leave Start Date	Leave End Date	Total Hours Requested

**I CERTIFY THAT AM UNABLE TO WORK (OR TELEWORK) FOR THE FOLLOWING REASON:**

- I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working.  
Name of the government entity issuing the order: \_\_\_\_\_
- I have been **advised by a health care provider to self-quarantine** because of concerns related to COVID-19.  
Name of the advising healthcare provider: \_\_\_\_\_
- I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis.
- I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19.  
Name of person I am caring for and our relationship: \_\_\_\_\_  
  
Name of the government entity issuing the order: \_\_\_\_\_  
**OR** Name of the advising healthcare provider: \_\_\_\_\_
- I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. I **certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.  
Name(s) and age(s) of child(ren): \_\_\_\_\_  
Name of closed school(s) or place(s) of care: \_\_\_\_\_
- I am experiencing **other conditions substantially similar** to COVID-19 as specified by the Department of Health and Human Services.

**I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

*If signing electronically, please type your full name, followed by "e-signed."*