

EMPLOYEE LEAVE REQUEST
UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

I am requesting paid leave for the following reason:

- (1) ___ I am subject to a Federal, State, or local quarantine or isolation order related to COVID - 19

- (2) ___ I have been advised by a health care provider to self-quarantine related to COVID-19

- (3) ___ I am caring for an individual subject to an order described in (1) or self-quarantine described in (2)

- (4) ___ I am experiencing COVID19 symptoms and am seeking a medical diagnosis

- (5) ___ I am caring for my minor child(ren) whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons

- (6) ___ I am experiencing any other substantially-similar conditions specified by the U.S. Department of Health and Human Services.

I acknowledge that my employer may request reasonable additional documentation supporting this request for paid sick leave and agree that I will provide such documentation in a timely manner (no later than three (3) business days after the date of such request).

Leave Start Date _____, 2020

Signature: _____

Print Name: _____

Date: _____, 2020