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| **Employee Name:** |
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| **Employee Department:** |
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| **Reason for Emergency Paid Sick Leave (select only one):** |
|  |  |  |  |  |  |  |
|   | (1) | Employee's own quarantine or isolation order under federal, state or local law including Stay Home / Shelter in Place order. Name of governmental entity that issued the order: |
|   | (2) | Employee's self-quarantine as advised by a health care provider Name of provider: |
|   | (3) | Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosisName of provider: |
|   | (4) | Employee is caring for another individual subject to quarantine or isolation order, government order. Name of individual and relationship: |
|   | (5) | Employee is caring for son or daughter under age 18 as a result of the child's school closing, provider is not available or other child care reasons being unavailable including not being able to work from home and no other suitable provider is able to provide care.School or Daycare / Provider name or email from Provider:Name and age of child(ren): |
|   | (6) | Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Treasury |
|  |  |  |  |  |  |  |
| **If number 5 checked above, I request to use (circle one) vacation, sick leave, PTO or EPSL for first 80 hours (if available)** |
| **Able to work from home: (circle one) Y/N** |
|  |  |  |
| **Date(s) expected to be gone from work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date(s) expected to return to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |
| **Part time or Full time (circle one) work upon return?**  |
|   |  |  |
| **I certify that I meet the criteria stated above and have provided documentation to support the****Leave. Falsification of any statements or documents may result in disciplinary action.****Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |
|  |  |  |
| **Supervisor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **HR Approval and Documentation Attached: Y/N**  |

**Employee Request for Expanded Family and Medical Leave**

**This form must be attached with proper documentation**

**Employee Request for Expanded Family and Medical Leave**

**This form must be attached with proper documentation**

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| **Employee Name:** |
|  |  |  |  |  |  |  |
| **Employee Department:** |
|  |  |  |  |  |
| **Reason for Expanded Family and Medical Leave:** |
|  |  |  |  |  |  |  |
| Employee is caring for son or daughter under age 18 as a result of the child's school closing, provider is not available or other child care reasons being unavailable including not being able to work from home and other adults are not home to provide care.School or Daycare / Provider name or email from Provider:Name and age of child(ren):Name and age of child(ren):Name and age of child(ren): |
|  |  |  |  |  |  |  |
| **I request to use (circle one) vacation, sick leave, PTO to supplement the 2/3 pay (if available)** |
| **Able to work from home: (circle one) Y/N** |
|  |  |  |
| **Date(s) expected to be gone from work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date(s) expected to return to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |
| **Intermittent, Part time or Full time (circle one) work upon return?**  |
|   |  |  |
| **I certify that I meet the criteria stated above and have provided documentation to support the****Leave. I understand that I am only entitled to a total of 12 weeks combined EFLA and FMLA** **over a 12 month period. I further understand that falsification of any statements or documents may** **result in disciplinary action.****Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_** |
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|  |  |  |
| **Supervisor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **HR Approval and Documentation Attached: Y/N**  |