Application for Emergency Paid Leave Request

Employee Name (Last, First, MI)			Contact Phone Number				
TimeCl	ock Plus ID # / Employee #	Department					
11111001	ooki ida ib ii / Employee ii	Берагинене					
l reque	st leave beginning on (date):	My expected return	date is:				
Emer	Emergency Paid Sick Leave						
☐ Che	ck here if you want to submit a request for <i>En</i>	nergencv Paid Sick L	eave.				
	Select one or more of the following reasons for why you are unable to work, including telework:						
	. I am subject to federal, state, or local quarantine o	e, or local quarantine or isolation order related to COVID–19.					
	Name of governmental entity ordering quaranti	Name of governmental entity ordering quarantine:					
<u> </u>	. I have been advised by a health care provider to se	vider to self-quarantine due to concerns related to COVID—19.					
	Name of the health care professional advising self-quarantine:						
3	I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.						
□ 4	I am caring for an individual who is subject to either number 1 or 2 above.**						
	Name and relationship to employee:						
Name of governmental entity ordering quarantine or health care professional advising self-quarantine:							
5	. I am caring for a child due to a school or place of closure, or the childcare provider of the child is unavailable, due to COVID—19. I certify that no other person will be providing care for the child during the period for which I am receiving paid leave. **						
	☐ <i>Select if applicable</i> : Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours.						
	Name and Age of Child:	Name of Sch	nool / Place of Care that is Closed:				
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Application for Emergency Paid Leave Request

Paid Family and Medical Leave

·	☐ Ch	eck here if you want to submit a request for <i>F</i>	Paid Family and Med	dical Leave.					
provider is otherwise unavailable to provide care due to COVID-19. I certify that no other person will be providing care for the chi during the period for which I am receiving paid leave. Select if applicable. Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours. Name and Age of Child: Name of School / Place of Care that is Closed: Name and Age of Child: Name and Age of Child: Name of School / Place of Care that is Closed: Name and Age of Child: Name of School / Place of Care that is Closed: Name of School / Place of Care that is Closed: Name of School / Place of Care that is Closed: Other Paid Time Off Please select available paid leave to use during the first 10 days of leave: Company-provided sick leave (only available for use if you are taking leave to care for yourself or a family member) Company-provided vacation, emergency, or comp time (if available) Emergency Paid Sick Leave (see above) Certify that I am requesting leave for a covered reason under the Families First Coronavirus Response Act (FFCRA) and provide additional documentation to support this leave. Please provide doctors certification for yourself, family member vare caring for, or documentation showing the school or daycare is closed. I acknowledge that I am subject to discipline, to and including termination of employment, for falsifying my need for paid leave under the FFCRA.	An employee may be eligible to receive both Emergency Paid Sick Leave and Paid Family and Medical Leave.								
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Employee Signature Date	provid are ca	de additional documentation to support this leave. ring for, or documentation showing the school or o	Please provide docto daycare is closed. I a	rs certification for yourself, family member you cknowledge that I am subject to discipline, up					
	Empl	oyee Signature		Date					