

Emergency Leave Request Form

Employee Name (Last, First, MI)			Primary Phone Number	
Current Job Title	Date of Hire	Current Supervisor	Avg Hours / Week	Work Location
I request leave beginning on (date):			My expected return date is:	

Emergency Leave

Check here if you want to submit a request for *Public Health Emergency Leave*.

Select one or more of the following reasons for why you are unable to work, including telework:	
<input type="checkbox"/> 1.	I am subject to federal, state, or local quarantine or isolation order related to COVID-19. Name of governmental entity ordering quarantine:
<input type="checkbox"/> 2.	I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of the health care professional advising self-quarantine:
<input type="checkbox"/> 3.	I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
<input type="checkbox"/> 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:
<input type="checkbox"/> 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. (not covered by Public Health Emergency Leave) <input type="checkbox"/> 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 of School / Place of Care that is Closed: Name and Age of Child: _____ Name of School / Place of Care that is Closed:
<input type="checkbox"/> 6.	I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Use of Other Paid Time Off

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Please select available paid leave to use during the first 10 days of leave:

<input type="checkbox"/>	Company-provided sick leave
<input type="checkbox"/>	Company-provided paid time off or vacation
<input type="checkbox"/>	Emergency Paid Sick Leave (see above)

Employee Signature	Date

I certify that I am requesting leave for a covered reason under the Public Health Emergency Leave Act and will provide additional documentation to support this leave, if requested by my employer. I acknowledge that I am subject to discipline, up to and including termination of employment, for falsifying my need for paid leave under the PHEL.

-----INTERNAL USE ONLY-----

HR representative	Signature

Approved (yes or no)	PHEL	Annual Leave	Sick Leave	Leave Without Pay

Date Leave Began	Expected return date: