

LEAVE REQUEST FORM
Families First Coronavirus Response Act:
Employee Paid Leave

Employee Name (print clearly)

Date

Reason for Leave

I am requesting time off work for the following reason(s) (check all that apply):

Paid Sick Leave: *A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.*

1. I am unable to work (either in person or remotely) because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19 that has ordered me to stay at home.
2. I am unable to work (either in person or remotely) because I have been advised by a health care provider to self-quarantine related to COVID-19.
3. I am unable to work (either in person or remotely) because I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.
4. I am unable to work (either in person or remotely) because I am caring for an individual that has been advised by a health care provider to self-quarantine related to COVID-19, or who has been advised by a health care provider to self-quarantine related to COVID-19.
5. I am unable to work (either in person or remotely) because I am experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Expanded Family Leave: *A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.*

6. I am unable to work (either in person or remotely) because I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

Personal Reasons Not Listed Above

7. I am unable to work (either in person or remotely) because I am requesting a leave of absence for reasons other than those listed above and below herein. If so, please write in the reason below:

Type of Leave Requested

Based on your answers above please check all that apply:

- I am requesting that any accrued but unused Vacation and/or PTO be paid on my next payroll check.
 Paid Sick Leave
 Paid Expanded Family and Medical Leave (COVID-19)
 Unpaid Leave (please explain): _____.

I am requesting intermittent leave or a reduced work schedule? Yes No
If yes, explain why it is needed and the leave schedule proposed: _____

Requested Period Of Leave

I request the following period for my leave of absence: From _____ to _____.

Source Of Ordered Or Self-Quarantine

This is the information for the government agency or health care provider who ordered or advised me to quarantine:

Name of Person: _____
Title of Person: _____
Name of Organization/Entity: _____
Address of Person: _____
Telephone Number: _____
Email address: _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge and I have attached the documentation proving my need for a leave.

Employee's Signature

Date