EMERGENCY PAID SICK LEAVE OR EMERGENCY FMLA REQUEST FORM

Employee Name: _____ Request Date: _____, 2020

Department: _____ Branch (if applicable): _____

Leave Start Date: _____, 2020 Leave End Date: _____, 2020 Total Hours Requested: _____

Check one of the following: ☐ Leave will be Continuous ☐ Leave will be Intermittent

I CERTIFY THAT AM UNABLE TO WORK (OR TELEWORK) FOR THE FOLLOWING REASON(S):

☐ **1.** I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working or teleworking. **(Pay code EPSL123 first 2 weeks then regular FMLA rules apply)**

Name of the government entity issuing the order: _____

☐ **2.** I have been **advised by a healthcare provider to self-quarantine** because of concerns related to COVID-19. **(Pay code EPSL123 first 2 weeks then regular FMLA rules apply.**

Name of the advising healthcare provider: _____

☐ **3.** I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis. **(Pay code EPSL123 first 2 weeks then regular FMLA rules apply)**

Name of healthcare provider: _____

☐ **4.** I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19. **(Pay code EPSL456 then regular FMLA rules apply)**

Name of person I am caring for and our relationship: _____

Name of the government entity issuing the order: _____

OR

Name of the advising healthcare provider: _____

☐ **5.** I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. **I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is 18 years old or older, I further certify that this child is incapable of self-care. **(Pay code EPSL456 then pay code EFMLA beginning week 3)**

Name(s) and age(s) of child(ren): _____

Name of closed school(s) or place(s) of care: _____

☐ **6.** I am experiencing **other conditions substantially similar** to COVID-19 as specified by the Department of Health and Human Services. **(Pay code EPSL456 then regular FMLA rules apply)**

During my leave, I can be reached at: _____
(list telephone number and personal email)

I understand that I will be required to provide timely medical or other certification as a condition of obtaining Emergency Paid Sick leave, unless the certification cannot be practically obtained. I understand that it is my obligation to discuss any inability to obtain the requested certification with Human Resources.

By submitting this request for Emergency Paid Sick leave, I certify that: all information provided in this request form is true and accurate and that I am eligible for paid leave for the reasons stated; I will update my supervisor and Human resources if my availability to work or telework changes; I understand that, if I am provided paid sick leave due to childcare obligations, I am obligated to return to work (either on a part-time or full-time basis) if my childcare obligations cease or reduce.

I understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

Employee Signature: _____ Date: _____

Approved by:

Supervisor Signature: _____ Date: _____

Supervisor Name: _____

Submit this form to: Your Supervisor and Payroll@co.sutter.ca.us and malexander@co.sutter.ca.us

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