

**EMPLOYEE LEAVE REQUEST**  
**FAMILIES FIRST CORONAVIRUS RESPONSE ACT**

Employee Name

Work Location

Job Title

First Date of Leave

Duration of Requested Leave (in work days)

Use accrued sick leave?    yes    no

No. of Max. Days Avail.

Reasons for Leave

- 1 - Employee has been advised to self-quarantine by health care provider due to COVID-19 (certification from health care provider required)
- 2 - Employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis (certification from health care provider required)
- 3 - Employee is caring for a person subject to federal, state, local or health care official's COVID-19 quarantine/isolation order
- 4 - Employee is caring for a son or daughter under whose school has been closed due to COVID-19 or whose childcare is unavailable during COVID-19
- 5 - Employee is experiencing a substantially similar condition as designated by Department of Health and Human Services (certification from health care provider required)

I certify that the above information is correct and my request is based on the reason indicated.

Employee's Signature

Date Signed

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**OFFICE USE ONLY**

Action Date

Action taken by

Type of Leave

Emergency Paid Sick Leave

Leave Approved

FMLA

Leave Denied

Notes