

Qualifying Reason for Leave Related to COVID-19 Form

Please return to Department Head and HR

Select one

- _____ **Emergency Sick Leave Act – 80 hours (pro-rated) of paid leave for any of the qualifying reasons specified below. I am electing to use _____ hours under the ESLA.**
- _____ **Emergency Family Medical Leave Act – I am requesting leave, and am unable to work – including telework, due to the following Qualifying Reason for Leave Related to COVID-19 (please select one) effective from _____ to _____ (provide dates).**

Qualifying Reasons for Leave (select one)

1. _____ The employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19
2. _____ The employee has been advised by a health care provider to self-quarantine related to COVID-19
Doctors name: _____ **Date of order:** _____
3. _____ The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis
4. _____ The employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. _____ The employee is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. _____ Is experiencing any other substantially-similar condition specified by the US Department of Health and Human Services.

- I understand the reasons for leave under (1), (2) and (3) will be paid up to \$511 daily and \$5,110 total.
- I understand the reasons for leave (4) and (6) will be paid at 2/3 for these qualifying reasons, up to \$200 daily and \$2,000 total (2 weeks)
- I understand up to 12 weeks of paid sick leave and expanded family and medical leave will be paid at 2/3 for qualifying reason #5 for up to \$200 daily and \$12,000 total (12 weeks)

Signature

Print Name

Date

REQUIRED DOCUMENTATION

Emergency Paid Sick Leave Act: If one of your employees takes paid sick leave under the Emergency Paid Sick Leave Act, you must require your employee to provide you with appropriate documentation in support of the reason for the leave, including: the employee's name, qualifying reason for requesting leave, statement that the employee is unable to work, including telework, for that reason, and the date(s) for which leave is requested. Documentation of the reason for the leave will also be necessary, such as the source of any quarantine or isolation order, or the name of the health care provider who has advised you to self-quarantine.

Emergency Family and Medical Leave Act: If one of your employees takes expanded family and medical leave to care for his or her child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19, under the Emergency Family and Medical Leave Expansion Act, you must require your employee to provide you with appropriate documentation in support of such leave, just as you would for conventional FMLA leave requests. For example, this could include a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider. This requirement also applies when the first two weeks of unpaid leave run concurrently with paid sick leave taken for the same reason.