

# Emergency Paid Sick Leave Request



NOTE: Requests for FFCRA Emergency Paid Sick Leave.

Employee Name: \_\_\_\_\_

Worksite: \_\_\_\_\_

Date: \_\_\_\_\_

**I am requesting Emergency Paid Sick Leave for the following reason:**

1.  is subject to a Federal, State, or local quarantine or isolation order related to COVID-19\*;
2.  has been advised by a health care provider to self-quarantine related to COVID-19\*\*;
3.  is experiencing COVID-19 symptoms and is seeking a medical diagnosis\*\*;
4.  is caring for an individual subject to an order described in (1)\* or self-quarantine as described in (2)\*\*;
5.  is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19\*\*\*; or
6.  is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

\*For items #1 and 4(1) above, **provide the name of the Federal, State or local government entity that issued the order:**

\_\_\_\_\_

\*\*For items #2, 3, 4(2) above, provide the name of the health care provider and **attach supporting documentation from this provider of your need for leave.**

Name of health care provider: \_\_\_\_\_

\*\*\*For item #5 above, provide the following information and **attach supporting documentation from the school, place of care, or child care provider:**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's School or place of care: \_\_\_\_\_ Child's grade level: \_\_\_\_\_

Requested leave start date: \_\_\_\_\_

Anticipated return date: \_\_\_\_\_

I am requesting to supplement my EPSL with my accrued/earned paid time off per the information below (reasons 4, 5 & 6 only):

Vacation Time # of Hours: \_\_\_\_\_  Sick Time # of Hours: \_\_\_\_\_  Paid Time Off # of Hours: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Signature and Authorization**

I acknowledge that I am unable to work or telework during the dates for which I am requesting the Emergency Paid Sick Leave.

Employee Signature: \_\_\_\_\_  
Please submit this form to your supervisor.

Date \_\_\_\_\_

Synergy Client Authorized Signature: \_\_\_\_\_

Date \_\_\_\_\_