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| **Employee Name** | |
|  | |
| **Title** | **Employee ID Number** |
|  |  |
| **Department** | **Manager** |
|  |  |
| **Regular Work Schedule** | **Ability to Work Remotely** |
| **€** Full Time **€**  Part Time **€** \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_ | **€**  Yes **€** No  **Note:** If you are actually able to work remotely, you are not eligible for this leave. |
| **€** Salaried **€** Hourly **€** \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| **Requested Leave** | |
| **€** Emergency Paid Sick Leave  **€** Emergency Family and Medical Leave (Public Health Emergency Leave) | |
| **Requested Leave Date(s)** | |
| **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Total Hours Requested: \_\_\_\_\_** |
| **Qualifying Reason for Leave Related to COVID-19** | |
| I CERTIFY THAT I AM UNABLE TO WORK DUE TO THE FOLLOWING QUALIFYING REASON:  **€** **I am subject to a federal, state, or local government or agency quarantine or isolation order**  **€** Copy of order attached, **or**  Name of governmental entity issuing order and brief description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **€** **A health care provider has advised me to self-quarantine**  **€** Copy of health care provider’s recommendation attached, **or**  Name of health care provider issuing recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **€** **I am experiencing COVID-19 symptoms and am seeking a medical diagnosis** | |
| **€** **I am caring for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  [insert name and relationship to employee]**, who:**   1. is subject to a federal, state, or local government or agency quarantine or isolation order   **€** Copy of order attached, **or**  Name of governmental entity issuing order and brief description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **or**   1. has been advised by a health care provider to self-quarantine   **€** Copy of health care provider’s recommendation attached, **or**  Name of health care provider issuing recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note:** An individual must be an immediate family member, regularly reside in your home, or be a roommate in order for you to qualify.  **€** **I am caring for my child(ren) due to a school or day care closure or the unavailability of a child care provider**  **€** Name and ages of affected child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of school, day care, or child care provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Special circumstances requiring me to care for a child older than 14 during daylight  hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note:** This is the only qualifying reason for Emergency Family and Medical Leave and is limited by the amount of Family and Medical Leave time you have remaining.  **€** **I am experiencing a substantially similar condition designated by the U.S. Department of Health and Human Services as a basis for leave** | |

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 2020

### Employee Signature Date

FOR OFFICIAL USE ONLY

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| **Requested Leave** |
| **€** Approved  **€** Approved with modification (see below)  **€** Denied (see below) |
| **Reason(s) for Approving Leave with Modification or Denial of Leave** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 2020

### By Date

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

Title

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