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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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