



### COVID-19 Emergency Request Form

Please use the following form if you have been effected by COVID-19 due to the reasons listed below and are requesting to use the Emergency Sick Time provided for you.

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Dates Requested: \_\_\_\_\_

Emergency Request Reason (check applicable boxes):

- (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 due to concerns related to COVID-19.
- (3) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- (4) The employee is caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in paragraph (2).
- (5) The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions. *(NOTE: Employees may not bring affected children or elders to work with them, even if the children or elders are well)*
- (6) The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Forms completed by the employee must be turned in to your supervisor. Once this has been signed off, supervisors must add the Emergency Sick Time to the applicable days on the employee's timesheet. Completed forms should then be turned in to the Human Resources Department immediately.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_