(NAME OF ORGANIZATION)

FAMILIES FIRST CORONAVIRUS RESPONSE ACT EMERGENCY PAID SICK LEAVE ELECTION FORM

Name: ________________________________

Date: ________________________________

I elect to take emergency paid sick leave from ____________ until ____________ (maximum of two weeks) because I am unable to work, including telework, for the following reason(s), checking all that apply to me:

☐ (1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

☐ (2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

☐ (3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

☐ (4) I am caring for an individual who is subject to an order as described in (1) or has been advised as described in (2).

☐ (5) I am caring for my son or daughter because his/her school or place of care has been closed, or his/her child care provider is unavailable, due to COVID-19 precautions.

☐ (6) I am experiencing a condition substantially similar to COVID-19 specified by the Secretary of Health and Human Services.

I confirm that I am not a First Responder.

I have provided the appropriate documentation in support of my reason for this paid sick leave.
This paid sick leave shall cease beginning with my scheduled work shift immediately following the termination of the need for paid sick time identified above.

I understand that paid sick leave taken for reasons 1-3 above shall be paid at my regular rate. I understand that paid sick leave taken for reasons 4-6 above shall be paid at 2/3 of my regular rate. I wish _____ do not wish _____ to request that accrued PTO/leave, if available, be used to cover the remaining 1/3 of my regular rate of pay during this time.

If I wish to change these elections or have any questions, I will call (EMPLOYER CONTACT PHONE NUMBER) as soon as practicable.

I certify that the information provided is accurate. I understand that if my employer learns that I have provided inaccurate or false information, I may be subject to discipline up to and including termination.

Employee signature: ________________________________