

Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Coastal Payroll’s Emergency Paid Sick Leave Policy, please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name: _____ Manager: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for this emergency paid sick leave request is (check the appropriate reason below):

1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.
Order Issued by (Name of Gov’t Entity): _____

2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
Name of Health Care Provider: _____

3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.
Seeking Diagnosis From (Health Care Provider): _____

4) I am caring for an individual who is subject to either number 1 or 2 above.
Name of Individual: _____
Applicable Government Entity or Health Care Provider: _____

5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID–19 precautions.
Child’s Name: _____
School or Child Care Provider Name: _____

6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Employee Signature _____ Date _____

Manager Signature _____ Date _____

HR Department Rep. Signature _____ Date _____