

***Families First Coronavirus Response Act Request***

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Troy School District's Emergency Paid Sick Leave Policy, please complete the following request form and submit to the Employee Services Department either prior to leave or as soon as possible after leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave policy.

Employee Name (print clearly): \_\_\_\_\_

Position: \_\_\_\_\_

Administrator: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

I wish to take intermittent leave for reason #5 below, during the following days and hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- 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 either number 1 or 2 above.
- 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; and,  
 I attest that no other suitable person is available to care for my child during the requested period of leave.
- I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

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

I have attached documentation supporting my need for leave.

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

HR Department Rep.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employee Statement Supporting Leave**

I, \_\_\_\_\_, provide the following information in support of my request for emergency paid sick leave (complete all that apply):

**Leave due to a government-issued quarantine or isolation order**

Name of the issuing government agency for the quarantine or isolation order:

\_\_\_\_\_  
Effective dates of the order: \_\_\_\_\_

**Leave due to a health care provider's advice to self-quarantine**

Name of the health care provider advising me or the individual I am caring for to self-quarantine: \_\_\_\_\_

Written documentation is available and attached:  Yes  No

Name and relation of the individual who I am needed to care for:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Leave due to a school or place of child care closed due to COVID-19**

Name of school or place of care:

\_\_\_\_\_

Name of child caregiver unavailable due to concerns related to COVID-19:

\_\_\_\_\_

Name and age of child or children I am needed to care for:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

No other suitable person is available to care for my child for the requested leave period due to:

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The special circumstances requiring my need for leave to care for a child ages 15-17 are:

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**Leave due to a substantially similar condition specified by the secretary of health and human services**

Provide details regarding the need for this leave:

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I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

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

Date: \_\_\_\_\_

