

Insert Company Logo

**REQUEST FOR FAMILY FIRST CORONA EMERGENCY RESPONSE  
PAID SICK TIME**

<b>Name:</b>	<b>Date:</b>
<b>Job Title:</b>	
<b>Address:</b>	
<b>Telephone:</b>	

I request leave for:

\_\_\_\_\_ **My own inability to work because I am quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis.**

*Certification from a health care professional required.*

*Benefit: up to two weeks (80 hours) of paid sick leave at the employee's regular rate of pay.*

\_\_\_\_\_ **A bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider).**

*Certification from a health care professional required.*

*Benefit: up to two weeks (80 hours) of paid sick leave at two-thirds the employee's regular rate of pay.*

\_\_\_\_\_ **To care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19.**

*Age of the child being cared for: \_\_\_\_\_*

*If the child is older than 14 and leave is being requested during daylight hours, please outline what special circumstances exist requiring you to provide care:*

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*I attest that no other suitable person is available to care for the child or will be providing care for the child during the period of requested leave:*

\_\_\_\_\_  
*Initials*

