



REQUEST FOR COVID-19 EMERGENCY PAID SICK LEAVE

Employee's Name:	Date:
Department/Division:	Supervisor:
Requested Leave Start Date:	Estimated End Date:
The amount of emergency paid sick leave being requested is _____ hours. (Not to exceed 2 weeks or your regularly scheduled time)	

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;
2. I have been advised by a health care provider to self-quarantine related to COVID-19;
3. I am experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons;
6. I am experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

Documentation must be provided to support your need for leave. Please attach to this form. Documentation includes quarantine or isolation orders, diagnosis, or doctor's recommendations. If you are requesting leave to care for a child whose school or place of care is closed, you are required to provide that documentation only if closed beyond the Governor's stated date of closing. Leave will only be granted upon receipt of sufficient supporting information. **If physical documentation is unavailable**, please enter name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine:

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If requesting sick leave for reason #5 above, please provide the name of school or childcare provider:

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Employees will be paid their regular rate for #1 – #3, but no more than \$511 per day. For #4 – #6, employees will be paid 2/3 their regular rate, but no more than \$200 per day.

When using emergency sick time for a reason stated above, you must note on your timesheet "sick covid".

If you would like to supplement any unpaid leave with your own accrued time, complete your timesheet accordingly

My signature below certifies that the information given above is true and correct to the best of my knowledge. I certify that I am requesting this leave because I am unable to work (onsite or remotely) due the reason(s) stated above.

Employee's Signature:

Date:

Please return completed form to: Jen Glover, Workers Compensation/Leave Coordinator; jglover@wellesleyma.gov