EMERGENCY SICK LEAVE FORM

EMPLOYEE NAME: ______________________________________________________________________

DATES OF LEAVE: _____________________________________________________________________

This certifies that the employee identified above, has provided a statement the he or she is unable to work and needs emergency sick leave.

REASON FOR LEAVE:

☐ Subject to local quarantine or isolation order
☐ Advised by health provider to self-quarantine
☐ Experiencing symptoms of Covid-19 and seeking diagnosis
☐ Caring for an individual under local quarantine, isolation order, or advised to self-quarantine
☐ Caring for son or daughter (18 or younger) if school or daycare is closed, or if childcare provider is unavailable due to Covid-19 precautions
☐ Experiencing any other “substantially similar condition” specified by Secretary of Health and Human Services

Employer Representative Name: ______________________________________________________________________

Employer Representative Title: ______________________________________________________________________

Employer Representative Signature: ______________________________________________________________________

Date: ______________________________________________________________________