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**Request for Emergency Paid Sick Leave**

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act, please complete the following request form and submit supporting documentation to your HR team ([jillszakacs@shcmhc.com](mailto:jillszakacs@shcmhc.com) or [hr@shcmhc.com](mailto:hr@shcmhc.com)) as soon as possible before leave begins. Eligibility for Emergency Paid Leave ends once an individual is released to work. Hours are prorated based on average worked for a maximum of two weeks.

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

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.

❏ 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.

Employee Signature Date

HR Department Signature Date