

Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Emergency paid leave policy and/or the Family and Medical Leave Policy, complete this request form, attach supporting documentation, and submit to your supervisor and HR-Benefits as soon as possible before leave commences (employees who qualify will have FMLA, leave will be coordinated). Verbal notice will be accepted until the request form and documentation can be provided. Incomplete requests will not be approved. Email Denise Lofton at hrbenefits@missouristate.edu if you have questions.

Date: _____ M# _____

Employee Name (print clearly): _____

Department/Office: _____ Supervisor Name: _____

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:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

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 caring for an individual who is subject to either number 1 or 2 above.
- 4) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 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 have attached documentation supporting my need for leave.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Office of Human Resources Only

Date Leave Request Received: _____

Approved

Denied

Reason for Denial: _____

Human Resources Signature: _____ Date: _____

Keep all records for at least 4 years after the date the tax becomes due or is paid, whichever comes later.

Employee Statement Supporting Emergency Paid Sick Leave

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

1. Leave due to a federal, state or local quarantine or isolation order related to COVID-19.

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

Effective dates of the order: _____

2. 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: _____

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

Written documentation is available and attached: Yes No. Individual is subject to 1 or 2 above

Name: _____ Relation: _____

4. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis Yes

Date symptoms began: _____ appointment for care _____

5. Leave due to a school or place of childcare 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: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

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

The special circumstances requiring my need for leave to care for a child are:

I attest that the information provided is accurate and complete. I understand that falsification of any information provided, failure to provide the required documentation either at the time of request or a later date, may result in denial of this request and/or disciplinary action, up to and including termination.

Employee Signature: _____

Date: _____

Increments and Intermittent Use of Leave: If agreed to with your supervisor, when working from home, you may take emergency paid sick leave intermittently and in no less than 15 minute increments. For those not telecommuting and currently working onsite, you may only take intermittent leave for reason #5 listed above.

“Child” means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- Under 18 years of age.
- 18 or older and incapable of self-care because of a mental or physical disability.

“Individual” means an immediate family member, roommate or similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she self-quarantined or was quarantined. Additionally, the individual being cared for must: a) be subject to a federal, state or local quarantine or isolation order as described above; or b) have been advised by a health care provider to self-quarantine based on a belief that he or she has COVID-19, may have COVID-19 or is particularly vulnerable to COVID-19.

8 days of paid leave – at an employee’s full rate – are available (a) to care for a family/household member who are infected with COVID-19 or who have been required/advised to quarantine due to COVID-19 symptoms; and/or (b) to care for children as a result of school or childcare closures stemming from COVID-19.