

ODVN Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and ODVN's Emergency Paid Sick Leave Policy, please complete the following request form and submit to your supervisor as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave policy.

Employee Name: _____

Requested Leave Start Date: _____ End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

I am requesting this emergency paid sick leave due to my inability to work (or telework) for the following reason (check the appropriate reason below):

I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Please provide the name of the government entity that issued this order:

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Please provide the name of the health care provider issuing this recommendation:

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

I am caring for an individual who is subject to either number 1 or 2 above.

Please provide the name of the government entity that issued the order for this individual and/or the name of the health care provider who advised them to self-quarantine:

I need to take care of my child(ren) because my child(ren)'s school or place of care has closed because of the COVID-19 emergency.

The child care provider for my child(ren) is unavailable because of the COVID-19 emergency.

Per Department of Labor guidelines, please provide the following:

Name of the child(ren) being cared for: _____

Name of the school/place of care that has closed: _____

OR

Name of child care provider that has become unavailable: _____

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks or months off work).
- On an intermittent basis (Whether intermittent leave is permissible will depend on the circumstances and further guidance from DOL. If such scheduling is needed, please notify your immediate supervisor, who will then advise the Executive Director and the Director of Administration.

By signing this document, I confirm that no other suitable person is available to care for my child(ren) during the requested period of leave.

I have attached documentation supporting my need for leave.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor, please forward to the Executive Director and the Director of Administration.