



SICK LEAVE, EMERGENCY FMLA, or VACATION REQUEST FORM (COVID-19)

Name: _____
 (Please print) (DSW ID Number) (Contact Phone)

Address: _____
 (Street) (City, State, ZIP)

Department: _____
 (Division/Section/Supervisor) (Department Name)

REASON FOR LEAVE REQUEST and ABSENCE DATES

Federal, State or Local Quarantine or Isolation Order Health Care Provider Quarantine or Isolation Order/Advice

COVID-19 Symptoms and Seeking Diagnosis – Employee Care for An Individual Subject to Quarantine/Isolation Order

Child(ren)'s School/Childcare Closure/Unavailability Similar Condition Specified by Secretary of HHS

Self-Isolation Due to Concern About Exposure Commute Disruption

Absence Dates: From: _____ To: _____ **TOTAL HOURS:** _____
 No intermittent leave for quarantine/isolation or symptoms unless teleworking. Attach schedule for allowed intermittent leaves.

HOW TO BE PAID DURING LEAVE

COV Sick Leave Sick Leave Vacation Floating Holiday Compensatory Time

Federal Emergency Paid Sick Leave (ESP) (Up to 80 Hrs, subject to pay caps) I Elect to Supplement ESP

ESP is subject to pay caps under the Families First Coronavirus Response Act. You may use accrued leave to supplement ESP and receive 100% of your regular pay. You must check the box to supplement ESP, or you will only receive partial pay during your leave.

Emergency FMLA (ESF) (Up to 10 Wks @ 2/3 pay w/ cap)

Unless you check the box to use sick leave, you will be required to use vacation, floating holidays and compensatory time to supplement ESF first. I Elect to Supplement ESF with Sick Leave, Before Supplementing with Required Leaves.

SICK LEAVE AND VACATION ADVANCE and AGREEMENT

CITY LEAVE ADVANCE: For employees who have exhausted all of the above pay, except ESF

Due to the coronavirus I request a Sick Leave Advance Vacation Advance of _____ Hours (Up to 80 hours) to cover my leave. (Departments have discretion to determine the appropriate leave type and whether employees are eligible.)

I have read and understand the SICK LEAVE AND VACATION ADVANCE PROCEDURE. I understand that any sick leave or vacation advanced is a loan of time not yet earned that I am required to repay by applying accrued sick leave or vacation as it is earned to the outstanding balance. I understand that if I separate from the City, I will repay the remaining unpaid balance, if any.

Signature: _____ **Date:** _____

Supervisor/Manager (Appointing Officer)		For Advances Is Accrued Leave Exhausted?		Approve	Deny
Personnel Officer		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>

cc: Official Employee Personnel Folder

REQUIRED INFORMATION *(Complete Only Sections That Apply to Your Leave and Sign Acknowledgement)*

ESP Due To Government Ordered Quarantine/Isolation: I am subject to a COVID-19 related order that prevents me from going to work or teleworking.

Government Entity Issuing the Order: _____

Order Date: _____

It's not me, instead I'm taking care of an individual subject to such an order, and I cannot work or telework.

ESP Due To Health Care Provider Advised Quarantine/Isolation: My health care provider has advised me to quarantine or isolate, and I cannot go to work or telework.

Health Care Provider's Name: _____

Provider's Address: _____ City: _____ State: _____

Order/Advice Date: _____

It's not me, instead I'm taking care of an individual who received this advice, and I cannot work or telework.

ESP Due To COVID-19 Symptoms and Seeking Diagnosis: I am sick with COVID-19 symptoms and will receive testing or other diagnostic services.

Provider/Clinic/Test Site Name: _____

Address: _____ City: _____ State: _____

Test/Exam Date: _____

ESP and/or ESF for School/Childcare Provider Closure/Unavailability: I need to care for my child(ren), and I cannot work or telework because my child(ren)'s school has closed, childcare place has closed or childcare provider is unavailable due to COVID-19, and no other suitable person is available to care for my child(ren) during the time I need to take leave.

Name(s) and age(s) of child(ren) I need to care for:

- | | | | |
|----------|------------|----------|------------|
| 1. _____ | Age: _____ | 2. _____ | Age: _____ |
| 3. _____ | Age: _____ | 4. _____ | Age: _____ |

Name(s) of school/childcare place/provider: _____

There are special circumstances requiring my leave to care for my child(ren) age(s) 15-17, or adult child age 18, or older.

LEAVE TO SELF-QUARANTINE DUE TO CONCERN ABOUT CONTRACTING COVID-19: I do not want to work because I'm concerned that I, or someone in my household, may contract COVID-19.

MY HEALTH CARE PROVIDER RECOMMENDED OR ADVISED ME TO ISOLATE, or told someone in my household that I should isolate for their safety, because of vulnerability, but I can telecommute or may be able to return to work with accommodations.

Health Care Provider's Name: _____

Address: _____ City: _____ State: _____

Advice Date: _____

ACKNOWLEDGEMENT

I CERTIFY THAT MY ABSENCE REQUEST IS FOR THE COVID-19 RELATED REASON STATED ON THIS SICK LEAVE, EMERGENCY FMLA or VACATION REQUEST FORM (COVID-19).

I UNDERSTAND THAT LEAVE AND PAY APPROVED BECAUSE OF THE COVID-19 PUBLIC HEALTH CRISIS IS SUBJECT TO PROVISIONS IN THE FFCRA, THE MAYOR'S PROCLAMATIONS AND RELATED RULES PROVIDING LEAVE BENEFITS. I ALSO UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ABOUT MY ABSENCE MAY RESULT IN DISCIPLINARY ACTION.

Signature: _____

Date: _____