

[Insert Organization Logo]

Request for Federal Emergency Paid Leave

Employee Name:

Work Location:

Direct Supervisor:

Best way to contact you:

Begin and End Dates of leave requested:

Are you unable to work or telework?



I am requesting this emergency paid 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.

What is the name of government organization issuing the order?

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

What is the name of the advising health care provider?

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

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

What is the name of the government organization or health care provider?

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 there is no other suitable person is available to care for my child during the requested period of leave.

What is the name of the child or children?

What is the name of the school, care organization, or care provider?

What is the date care became or will become unavailable?

6. I am experiencing another substantially similar condition specified by the secretary of health and human services.



Please contact **[insert contact person]** to discuss your specific situation and options further.

NOTE: You may be asked to supply documentation in support of approved leave, based on the reason (1-6 above) for the leave requested.

Signature of Employee

Date

Name and Signature of Approver

Date