**NNEDV Request for Emergency Paid Sick Leave**

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and NNEDV’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 have attached documentation supporting my need for leave.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           Date: \_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           Date: \_\_\_\_\_\_\_\_\_

*Supervisor, please forward to the Executive Team and the Admin Team.*