EMPLOYEE REQUEST FOR PAID SICK LEAVE FOR COVID-19 (CORONAVIRUS) RELATED REASON AND SELF CERTIFICATION

Employees requesting either Emergency Paid Sick Leave or Emergency Family and Medical Leave must complete this form and return it to Lone Star PEO as soon as possible. Consult the Company's Emergency Paid Sick Leave Policy and Emergency FMLA Policy for more information regarding your entitlement to emergency leave. Additional documentation may be required before leave is approved.

NAME: _____ **DATE:** _____ **DEPT/MGR:** _____

REASON FOR LEAVE:

EMERGENCY PAID SICK LEAVE AND UNABLE TO WORK OR TELEWORK (work from home):
Select reason below

☐ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19

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

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

☐ I am caring for my child whose school or child care provider is closed/ unavailable due to concerns related to COVID-19

☐ I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health-care provider to self-quarantine due to concerns related to COVID-19

☐ I am experiencing "any other substantially similar condition" specified by the U.S. Department of Health and Human Services

LENGTH OF LEAVE: from date: _____ to date _____

ELECTION TO USE OTHER AVAILABLE LEAVE: you may elect to use other accrued, paid time off (e.g., sick leave, PTO, vacation) to cover any of the above reasons before using Emergency Paid Sick Leave, to the extent such time is available for the reasons you have identified:

☐ I elect to use Emergency Paid Sick Leave for the reason selected above

☐ I elect to use other available accrued paid leave to cover all or a portion of leave for the reason described above

PTO _____ hours	Sick Leave ____ hours	Other Paid Leave ____ hours

EMERGENCY FAMILY AND MEDICAL LEAVE

☐ Emergency Family and Medical Leave: I am unable to work or telework because I am personally caring for my child (under 18) because my child's school or childcare provider is closed/ unavailable, due to the COVID-19 public health emergency

LENGTH OF LEAVE: from date: _____ to date _____

ELECTION TO USE OTHER AVAILABLE LEAVE:

☐ During the first 10 days of leave, I elect to use other available or accrued paid leave (identify below)

PTO _____ hours	Sick Leave ____ hours	Other Paid Leave ____ hours

BY SIGNING BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT MAY RESULT IN DISCIPLINARY ACTION, INCLUDING TERMINATION OF EMPLOYMENT.

_____

Print Full Name **Signature** **Date**

[RETAIN IN SEPARATE PERSONNEL CONFIDENTIAL MEDICAL FILE]