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| **COVID-19 Childcare or Sick Leave Authorization**  Families First Coronavirus Response Act | | | | | | | | | |
| **I,** **,confirm, by signing below that, as an employee of** **, I need leave for the following reason (check any of the following that apply):** | | | | | | | | | |
| **1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.** | | | | | | | | | |
| *Name of government entity ordering quarantine:* | | | | | |  | | | |
| **2. I have been advised by a health care provider to self-quarantine due to COVID-19 concerns.** | | | | | | | | | |
| *Name and address of health care provider advising quarantine:* | | | | | |  | | | |
| *Attach any applicable documentation provided by health care provider.* | | | | | |  | | | |
| **3. I am experiencing COVID-19 symptoms and seeking medical diagnosis:** | | | | | | | | | |
| *These symptoms include:*  *Describe efforts to seek medical diagnosis and attach documentation from health care provider***:** | | |  | | | | | | |
| *Attach any applicable documentation provided by health care provider.* | | |  | | | | | | |
| **4. I am caring for an individual who is in care or quarantine for COVID-related purposes.** | | | | | | | | | |
| *Name of individual:* | |  | | | *Relationship to employee:* | | | |  |
| *Name and address of health care provider advising quarantine:* | | | | | | |  | | |
| *Attach any applicable documentation provided by health care provider.* | | | | | | |  | | |
| **5. My child’s school is closed or my regular childcare provider is unavailable, and I must stay at home to care for my child.** | | | | | | | | | |
| *Name of child:* |  | | | | | | *Age:* |  | |
| *(If more than one, use comment section below to list all children’s names, ages, and schools).* | | | | | | | | | |
| *Name of school or regular child care provider:* | | | |  | | | | | |
| *If my child is older than 14 years of age, the following special circumstances exist requiring me to provide care during daylight hours:*  *By checking this box, I am representing that no other suitable person is available to care for my child during the period of this leave.* | | | | | | | | | |
|  | | | | | | | | | |
| Due to the reason for leave checked above, I am unable to work, including by telework if that is a reasonable option by my employer. | | | | | | | | | |
| **Dates:** I am requesting leave for or through the following dates: | | | | | | | | | |
| I am allowed to take intermittent leave under the following conditions (not permitted for reasons 1-4 unless employee is teleworking): | | | | | | | | | |
| **Other Comments:** | | | | | | | | | |
| I represent that the information I have provided herein and any other information related to my leave request that I have provided my employer is true and accurate to the best of my knowledge. I further represent that should any of the above information or my circumstances change, I will notify my employer immediately. | | | | | | | | | |
| **Date:** | | | **Employee’s Signature:** | | | | | | |
| **Date:** | | | **Supervisor’s Signature:** | | | | | | |