

Request for Emergency Paid Sick Leave

Associates requesting Emergency Paid Sick Leave as provided under the Families First Coronavirus Response Act (FFCRA) and PBE must complete this form. Submit the completed form to Human Resources for processing.

The FFCRA and PBE Emergency paid sick leave provides up to 80 hours of paid sick leave to associates who are unable to work (or telework) for the six reasons stated below related to COVID-19.

Documentation supporting the reason for leave must be included with this request (i.e. written documentation by healthcare provider, notice that daycare/school closed, etc.)

Associate Name: _____ **Associate Phone #:** _____

Leave Start Date: _____ **Expected Return to Work Date:** _____

The total 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) because (check the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 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.
- 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,
 - I attest that no other suitable person is available to care for my child during the requested period of leave.

Name(s)/Age(s) of the child(ren) being cared for:

Name of schools/places of care, child care providers that have closed/become unavailable:

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

I have attached documentation supporting my need for leave.

Employee Signature _____ **Date** _____

Human Resources Signature _____ **Date** _____

Please give completed form to HR, send to pwest@pbenet.com , or fax to 419-373-7239