

# Application for Use of Emergency Paid Sick Leave Related to the COVID-19 Pandemic

Please note this leave type is not available for Sworn Police Department personnel, Sworn Fire Department personnel, and all certified water plant operators assigned to work at the City's Water Plant since those individuals are classified as first responders.

This request for leave beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
is for (print name) \_\_\_\_\_.

Please select the reason for your request:

- I am subject to a Federal, State, or local quarantine or isolation order. State the name of the government agency that issued the quarantine or isolation: \_\_\_\_\_
  
- I have been advised by a health care provider to self-quarantine. State the name of the physician who recommended the quarantine or isolation: \_\_\_\_\_
  
- I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.  
*A note from the physician or healthcare professional that you were examined by is required. The City may excuse the requirement of a medical note in extenuating circumstances.*
  
- I am caring for an individual who is subject to a quarantine order or has been advised to self-quarantine. State the government agency or physician that issued this order:  
\_\_\_\_\_
  
- I am caring for a child because their school or place of care has been closed, or their childcare provider is unavailable due to COVID-19 precautions.  
*Note: An employee must also complete the application for leave under the FMLEA.*
  
- I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.  
Please explain: \_\_\_\_\_

**Page 2 is also required.**

Please check the appropriate box.

- I understand that, if approved, my absences for any reason except my own personal illness related to COVID-19 will be covered by Emergency Paid Sick Leave which means I will receive  $\frac{2}{3}$  of my regular rate of pay up to \$200 per day and capped at \$2,000 total.

I verify that the information provided is accurate and complete to the best of knowledge and belief. I understand that any intentional misrepresentation is grounds for denial of benefits and could serve as the basis for disciplinary action. I also acknowledge an ongoing obligation to update the information provided above by promptly submitting to Human Resources any new information bearing on my ability to work and need for leave.

Finally, I confirm that I have read and understand this form in its entirety.

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