

**Application for Covid-19 Paid Sick Leave**

Please note this leave is not available to Police Officers, Police Sergeants, Firefighter/EMT IIs, and Fire Lieutenant EMT IIs as these positions are classified as frontline emergency responders.

Employee Name: \_\_\_\_\_

Leave Beginning On: \_\_\_\_\_ Leave Ending On: \_\_\_\_\_

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 order:  
\_\_\_\_\_

I have been advised by a health care provider to self-quarantine or isolate. State the name of the physician who recommended the quarantine or isolation:  
\_\_\_\_\_

I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. A note from the physician or health care professional that examined 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 Federal, State, or local quarantine or isolation order or has been advised to self-isolate. State the name of the government agency or physician that issued the quarantine or isolation order:  
\_\_\_\_\_

I understand that, if approved, my absences for any reason except my own personal illness related to COVID-19 will be paid at 2/3 of my regular rate of pay up to \$200 per day capped at \$2000 total.

I verify that the information provided is accurate and complete to the best of my 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date