Sample Communication

*Please Customize for Your Organization*

**Request for Family First Coronavirus Emergency Response**

**PAID SICK TIME**

|  |  |
| --- | --- |
| **Name:** | **Date:** |
| **Job Title:** | |
| **Address:** | |
| **Telephone:** | |

I request leave for:

\_\_\_\_\_ **My own inability to work because I am quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis.**

*Certification from a health care professional may be required.*

*Benefit: up to two weeks (80 hours) of paid sick leave at the employee’s regular rate of pay.*

\_\_\_\_\_ **A bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider).**

*Certification from a health care professional may be required.*

*Benefit: up to two weeks (80 hours) of paid sick leave at two-thirds the employee’s regular rate of pay.*

\_\_\_\_\_ **To care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19.**

*Age of the child being cared for: \_\_\_\_\_\_*

*Please include the name of the child being cared for relationship to you, name of the closed school/daycare and if the child is older than 14 and leave is being requested during daylight hours, please outline what special circumstances exist requiring you to provide care:*

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*I attest that no other suitable person is available to care for the child or will be providing care for the child during the period of requested leave:*

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| --- |
|  |
| *Initials* |

*Documentation must be provided to your employer in support of the need for expanded family and medical leave taken to care for your child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19-related reasons. For example, this requirement may be satisfied with a notice of closure or unavailability from your child’s school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.*

*Benefit: up to two weeks (80 hours) of paid sick leave at two-thirds the employee’s regular rate of pay.*

*Employers with fewer than 50 employees may be exempt from providing from providing paid sick leave and Expanded Family and Medical Leave due to school or place of care closures or child care provider unavailability for COVID-19 related reasons when doing so would jeopardize the viability the organization as a going concern.*

Length of leave requested: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

(Date) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Employee's Signature Date