

### Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and The Haartz FMLA Leave Expansion and Emergency Paid Sick Leave Policy (Coronavirus), please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

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

Manager: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

The amount of emergency paid sick leave being requested is \_\_\_\_\_ hours.

The reason for this emergency paid sick leave request is (check the appropriate reason below):

<input type="checkbox"/> <b>1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19 (FFCRA paid 100% rate for up to 80 hours)</b>	
Who issued the Order:	
Date order was issued:	End date for the order:
<input type="checkbox"/> <b>2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (FFCRA paid 100% rate for up to 80 hours)</b>	
Healthcare provider who issued the Order:	
Contact information for healthcare provider:	
Date Order was issued;	End date for Order:
<input type="checkbox"/> <b>3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (FFCRA paid 100% rate for up to 80 hours)</b>	
Date of appointment:	
Contact information for healthcare provider:	
Awaiting tests and unable to work or telework: ____yes ____no	
Expected return to work date:	

<input type="checkbox"/> <b>4) I am caring for an individual who is subject to either number 1 or 2 above. (FFCRA paid 2/3 rate for up to 80 hours with a max \$200 per day, capped at \$2,000)</b>	
Order issued by:	
Contact information for healthcare provider or Government Agency:	
Relation to individual needing care:	
Date Order was issued:	End date for Order:
<input type="checkbox"/> <b>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. I also certify that no other person will be providing care for the child during the period I am receiving family medical leave (FFCRA paid 2/3 rate for up to 80 hours with a max \$200 per day, capped at \$2,000)</b>	
Child's name:	Child's age
Name and contact information of school or day care provider:	
Date closed:	Date to reopen:
Note: Documentation from the school or day care provider required. Please attach email, printout from website or other form of notice from the school or day care.	
<input type="checkbox"/> <b>6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services. (FFCRA paid 2/3 rate for up to 80 hours with a max of \$200 per day, capped at \$2,000.</b>	
Please provide a statement of the COVID-19 related reason for requesting leave and provide written support for such reason.	

Completed forms for hourly employees should be returned to [sritson@haartz.com](mailto:sritson@haartz.com) and completed forms for salaried employees should be returned to [cjohnson@haartz.com](mailto:cjohnson@haartz.com)

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

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

HR Signature \_\_\_\_\_ Date \_\_\_\_\_