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(NAME OF ORGANIZATION)

FAMILIES FIRST CORONAVIRUS RESPONSE ACT EMERGENCY PAID SICK LEAVE ELECTION FORM

Name: _____

Date: _____

I elect to take emergency paid sick leave from _____ until _____ (maximum of two weeks) because I am unable to work, including telework, for the following reason(s), checking all that apply to me:

- (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 an order as described in (1) or has been advised as described in (2).
- (5) I am caring for my son or daughter because his/her school or place of care has been closed, or his/her child care provider is unavailable, due to COVID-19 precautions.
- (6) I am experiencing a condition substantially similar to COVID-19 specified by the Secretary of Health and Human Services.

I confirm that I am not a First Responder.

I have provided the appropriate documentation in support of my reason for this paid sick leave.

Drafted by Allen Norton & Blue for GMCC members

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This paid sick leave shall cease beginning with my scheduled work shift immediately following the termination of the need for paid sick time identified above.

I understand that paid sick leave taken for reasons 1-3 above shall be paid at my regular rate. I understand that paid sick leave taken for reasons 4-6 above shall be paid at 2/3 of my regular rate. I wish _____ do not wish _____ to request that accrued PTO/ leave, if available, be used to cover the remaining 1/3 of my regular rate of pay during this time.

If I wish to change these elections or have any questions, I will call (EMPLOYER CONTACT PHONE NUMBER) as soon as practicable.

I certify that the information provided is accurate. I understand that if my employer learns that I have provided inaccurate or false information, I may be subject to discipline up to and including termination.

Employee signature: _____