[Insert Company Name]

I am unable to work, or telework for the reasons checked below-

**Employee Must Check One:**

1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19 *(Must provide proof of isolation or quarantine order)*;
2. I have been advised by a health care provider to self-quarantine related to COVID-19 *(Must provide name of health care provider who has advised to self-quarantine)*;
3. I am experiencing COVID-19 symptoms, and I am seeking a medical diagnosis *(Must provide name of health care provider who was sought for diagnosis)*;
4. I am caring for an individual subject to an order described in (1.) or self-quarantine as described in (2.);
5. I am caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19 *(Must provide proof of the school closing, such as a newspaper or email)*;
6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Under the Families First Coronavirus Response Act, an employee qualifies for expanded family leave if the employee is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.

Duration of Leave:

* For reasons (1)-(4) and (6): A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
* For reason (5): A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.
* For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to $511 per day and $5,110 in the aggregate (over a 2-week period).
* For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to $200 per day and $2,000 in the aggregate (over a 2-week period).
* For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to $200 per day, and $12,000 in the aggregate (over a 12-week period).

**Employee Must Check One:**

1. I have checked items (1), (2), (3), (4), or (6), and I am requesting paid sick leave. I understand that I must provide all required documentation to qualify for paid leave.
2. I have checked item (5), and I am requesting paid expanded family & medical leave. I understand that I must provide all required documentation to qualify for paid leave.

I understand that if I’ve checked item (2) or (3), I cannot return to work until I have obtained a written release from a physician and must send the written release to-

[Company Contact]

[email address]

I also understand that I must contact the person listed below for my work assignment once I am ready to return to work-

[Company Contact]

[Email Address]

Employee’s Signature- Date-

You must return this form and required documentation to:

[Company Contact]

[Email Address]

Employer’s Signature- Date-