

American Rescue Plan Act (ARPA) EMERGENCY FAMILY MEDICAL LEAVE REQUEST FORM

Directions: To be approved for Extended Family Medical Leave, employees must complete and submit this request form, with supporting documentation, to the Office of Human Resources. Supporting documentation for leave may include the following:

- Copy of the Federal, State or local quarantine or isolation order related to COVID-19
- Documentation by a health care provider advising employee to self-quarantine due to COVID-19
- Documentation by a health care provider designating employee as a qualified caregiver due to COVID-19
- Name and age of children and a written notice of closure from employee's child(ren)'s daycare provider or school due to COVID-19 (such as a copy of the notice that may have been posted on a daycare website, published in a newspaper, or emailed to the employee from an official of the school, place of care, or child care provider)

Employee Information

Name:	ID#:
Department:	Cell Phone Number:
Position Title:	Supervisor Name:

Qualifying Reasons For Leave

Please choose all that apply:

- 1) Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- 2) Employee has been advised by a health care provider to self-quarantine related to COVID-19;
- 3) Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- 4) Employee is caring for an individual subject to an order described in (1) or self-quarantine;
- 5) Employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19;
- 6) Employee is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.
- 7) Employee is obtaining a COVID-19 vaccination;
- 8) Employee is recovering from any illness related to receiving the vaccine;
- 9) Employee is seeking or waiting for test results or a medical diagnosis for COVID-19, or the employer has requested the employee to obtain the same.

Dates

Anticipated Begin Date of Leave:	Expected Return to Work Date:

Types of Leave to be Used

Please indicate the type of paid leave to be used (check all that apply):

- Accrued Sick Leave _____ hours
- Accrued Annual Leave _____ hours
- Personal Leave _____ hours
- Unpaid Leave _____ hours

Additional Information

Any additional information may be provided below. Supporting documentation may be attached as a separate document(s):

Employee Certification

I am unable to work or telework for the reasons and dates noted above. Further, in the case of a leave request based on a school closing or child care provider unavailability (reason 5), I certify that no other person will be providing care for the child during the period of leave requested.

Employee Signature: _____ Date: _____