*Employees requesting either Emergency Paid Sick Leave or Emergency Family and Medical Leave must complete this form and return to [INSERT COMPANY CONTACT] as soon as practicable. Consult the Company’s Emergency Paid Sick Leave Policy and Emergency FMLA Policy for more information regarding your entitlement to emergency leave. Additional documentation may be required before leave is approved.*

**NAME:  DATE:  DEPT/MGR: **

**REASON FOR LEAVE:**

**EMERGENCY PAID SICK LEAVE AND UNABLE TO WORK OR TELEWORK (work from home):**

*Select reason below*













**LENGTH OF LEAVE: from date: \_\_\_\_\_\_\_\_\_\_\_ to date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ELECTION TO USE OTHER AVAILABLE LEAVE:** *you may elect to use other accrued, paid time off (e.g., sick leave, PTO, vacation) to cover any of the above reasons before using Emergency Paid Sick Leave, to the extent such time is available for the reasons you have identified:*

**

 *Circle One: [PTO, Sick leave, Family Paid Leave]*  Hours: \_\_\_\_\_

**EMERGENCY FAMILY AND MEDICAL LEAVE**



**LENGTH OF LEAVE: from date: \_\_\_\_\_\_\_\_\_\_\_ to date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ELECTION TO USE OTHER AVAILABLE LEAVE:**





*Circle One: [PTO, Sick leave, Family Paid Leave]*  Hours: \_\_\_\_\_

**BY SIGNING BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT MAY RESULT IN DISCIPLINARY ACTION, INCLUDING TERMINATION OF EMPLOYMENT.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Full Name Signature Date**