



CITY OF SAINT PAUL

ALASKA

EMERGENCY PAID SICK LEAVE REQUEST FORM

| | |
|-----------------------|------------------|
| Employee Name | Date |
| | |
| Title | Department |
| | |
| Supervisor | Leave Start Date |
| | |
| Total Hours Requested | Leave End Date |
| | |

I CERTIFY THAT I AM UNABLE TO WORK (OR TELEWORK) FOR THE FOLLOWING REASON:

☐ I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working.

Name of the government entity issuing the order: _____

☐ I have **been advised by a health care provider to self-quarantine** because of concerns related to COVID-19.

Name of advising healthcare provider: _____

☐ I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis:

Name of advising healthcare provider: _____

☐ I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19.

Name of the person you are caring for: _____

Your relationship to the person you are caring for: _____

Name of the government entity issuing the order: _____

OR

Name of the advising healthcare provider: _____

☐ I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. I certify that no other suitable person is available to care for the child(ren) during the period of requested leave. If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.

Name(s) and age(s) of children: _____

Name of closed school(s) or place(s) of care: _____

☐ I am experiencing **other conditions substantially similar** to COVID-19 as specified by the Department of Health and Human Services.

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

Employee Signature

Date