



Request for Emergency Paid Sick Leave

Please complete this form to request Emergency Paid Sick Leave, a type of paid leave created by federal law in response to the COVID-19 public health crisis.

You may qualify for Emergency Paid Sick Leave if you are unable to work or telework and are:

- Under a government quarantine or isolation order
- Advised by a health care provider to self-quarantine
- Seeking a medical diagnosis after experiencing symptoms of COVID-19
- Caring for someone who is under a government quarantine or isolation order, or who is advised by a health care provider to self-quarantine
- Caring for a child under 18 whose school or child care provider is closed due to COVID-19
- Experiencing any other substantially similar condition specified by the U.S. Secretary of Health and Human Services

Depending on your reason for requesting Emergency Paid Sick Leave, documentation may be required. Information on specific types of documentation is available on page 2 of this form.

If you have questions, please call HR Employee Relations at **859-257-8758**.

Please submit this form by faxing it to HR Employee Relations at **859-257-2493** or emailing it to **er@email.uky.edu**.

Employee name _____ Department _____

Employee person ID _____ Supervisor _____

Employee home or primary phone _____

Reason for Emergency Paid Sick Leave (choose one)

Government quarantine or isolation order

Advised by health care provider to self-quarantine

Seeking medical diagnosis after experiencing symptoms of COVID-19

Caring for someone who is under government quarantine or isolation order, or who is advised by a health care provider to self-quarantine

Caring for a child under 18 whose school or child care provider closed due to COVID-19

Experiencing any other substantially similar condition specified by the U.S. Secretary of Health and Human Services

I am requesting leave from _____ to _____

NOTE: This leave is available beginning April 1, 2020, until December 31, 2020.

Regular work hours per week: 40 37.5 30 20 Other:

Days per week scheduled to work: Monday-Friday Other:

Work shift: Days Evening Night Other:

I am requesting an intermittent work schedule (please provide details below):

The following documentation may be required:

- The source of any quarantine or isolation order. This may include a copy of the federal, state or local quarantine or isolation order related to COVID-19 applicable to you.
- The name of the health care provider who has advised you to self-quarantine, including, for example, written documentation by a health care provider advising you to self-quarantine due to concerns related to COVID-19.
- If the person subject to quarantine or advised to self-isolate is not you, provide that person's name and relation to you.

Name of person under quarantine or self-isolation: _____

Relationship: _____

If you are requesting Emergency Paid Sick Leave to care for a child whose school or care provider has closed, documentation may include:

- A notice that has been posted on a government, school or day care website, or published in a newspaper
- An email from an employee or official of the school, place of care or child care provider
- The name and age of the child or children to be cared for
- The name of the school that has closed or place of care that is unavailable
- A representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave
- With respect to the employee's inability to work or telework because of a need to provide care for a child older than 14 during daylight hours, a statement that special circumstances exist requiring the employee to provide care.

Name of child or children to be cared for:

Name of the school or place of care that has closed:

I am the child's only care provider

Provide any special circumstances of providing care for a child older than 14 during daylight hours

Employee signature _____

Date _____