



Application for Benefits under the Emergency Paid Sick Leave Act and/or Expanded Family Medical Leave Act

Employee Name (Last, First, MI)	WIN#

Current Job Title	Contact Phone #	Current Supervisor	Full Time or Part Time	Salary or Hourly

I request leave for the following dates and hours:	Total # of hours requested

Emergency Paid Sick Leave

Check here if you want to submit a request for *Emergency Paid Sick Leave*.

Select one or more of the following reasons for why you are unable to work, including telework:

<input type="checkbox"/>	1. I am subject to federal, state, or local quarantine or isolation order related to COVID-19. Name of governmental entity ordering quarantine:
<input type="checkbox"/>	2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of the health care professional advising self-quarantine:
<input type="checkbox"/>	3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. Name of the health care professional providing care:
<input type="checkbox"/>	4. I am caring for an individual who is subject to either number 1 or 2 above*. Name and relationship to employee: Name of governmental entity ordering quarantine or health care professional advising self-quarantine:
<input type="checkbox"/>	5. I am caring for a child due to a school or place of closure, or the childcare provider of the child is unavailable, due to COVID-19. I certify that no other person will be providing care for the child during the period for which I am receiving paid leave. <input type="checkbox"/> Select if applicable: Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours. Name and Age of Child: _____ Name of School / Place of Care that is Closed: _____ Name and Age of Child: _____ Name of School / Place of Care that is Closed: _____ Name and Age of Child: _____ Name of School / Place of Care that is Closed: _____ Name and Age of Child: _____ Name of School / Place of Care that is Closed: _____
<input type="checkbox"/>	6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.



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Paid Family and Medical Leave

Check here if you want to submit a request for *Paid Family and Medical Leave*.

An employee may be eligible to receive both Emergency Paid Sick Leave and Paid Family and Medical Leave.

I am unable to work, or telework, in order to care for a child because their school or place of care has been closed or their childcare provider is otherwise unavailable to provide care due to COVID-19. I certify that no other person will be providing care for the child during the period for which I am receiving paid leave.

Select if applicable: Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours.

Name and Age of Child:

Name of School / Place of Care that is Closed:

Name and Age of Child:

Name of School / Place of Care that is Closed:

Name and Age of Child:

Name of School / Place of Care that is Closed:

Name and Age of Child:

Name of School / Place of Care that is Closed:

Use of Other Paid Time Off

Please select available paid leave to use during the first 10 days of leave:

<input type="checkbox"/>	Company-provided sick leave
<input type="checkbox"/>	Company-provided paid time off or vacation
<input type="checkbox"/>	Emergency Paid Sick Leave (see above)

I understand approved paid leave benefits will be processed as soon as practicable and no later than the pay period following receipt of the completed application. I certify that work is available but I am unable to work or telecommute for the reasons stated above as they relate to COVID-19. I certify the information on this application is true and accurate to the best of my knowledge.

Employee Signature	Date