------COMPANY LETTERHEAD-----

***Employee COVID-19 Confirmation of Leave***

**On [DATE] you requested leave for COVID-19 related reasons. [COMPANY NAME] requests one of the following documents as evidence related to your leave request.**

**Employee Name:**

**Date:**

**Dates of Leave Requested:**

**Total Hours Requested:**

**Emergency Paid Sick Leave – Employee’s Circumstances**

**\_\_\_\_Employee is subject to a Federal, State, or local quarantine or isolation order related to coronavirus;**

*Name of the government entity that issued the order:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_Employee has been advised by health care provider to self-quarantine due to coronavirus;**

*Name of the healthcare provider who advised the employee to self-quarantine:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Concerns (please circle those that apply):*

1. *The employee has COVID-19*
2. *The employee may have COVID-19*
3. *The employee is particularly vulnerable to COVID-19*

**Emergency Paid Sick Leave – Caregiver/Other Circumstances**

**\_\_\_\_Employee is caring for an individual who is subject to an order by a Federal, State or local official to quarantine or self-isolate or who has been advised by a health care provider to quarantine or self-isolate due to concerns related to COVID-19.**

*Relationship to the individual*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of the governmental official or entity that issued order or name of the health care provider:*

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

**Family Medical Leave Act – Pandemic Child Care Leave**

**\_\_\_\_\_Employee is caring for his/her son or daughter whose school, place of care or child-care provider has been closed or unavailable.**

*Name of the son or daughter being cared for*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of the school, place of care or child-care provider that has closed or become unavailable:*

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

*\** *If the child is older than 14 years of age and needs special care during working hours, please provide a statement about the special circumstance requiring the employee to provide such care.*

**By signing below, employee is providing acknowledgment that no other suitable person will be caring for the son or daughter during the leave.**

*Printed name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_