

Emergency Paid Sick Leave Act Request Form

Submit to Supervisor. Supervisor will forward to Human Resources (HR@urbanaillinois.us) upon receipt.

PLEASE COMPLETE THE FOLLOWING:

*For details regarding leave duration, amount of pay, etc., please refer to the Interim Policy on Contagious Conditions.

Emplo	oyee: Supervisor:
-	ovided under the Emergency Paid Sick Leave Act (EPSLA) provisions of the Families First Coronavirunse Act, I am unable to work (or unable to work remotely) due to a need for leave because (select all that apply
1.	I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
	a. Government entity that issued the quarantine or isolation order to which the employee is subject
2.	I have been advised by a health care provider to self-quarantine related to COVID-19;
	a. Name of the health care provider making the quarantine recommendation:
3.	I am experiencing COVID-19 symptoms and seeking a medical diagnosis;
4.	I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
	a. Government entity that issued the quarantine or isolation order or the name of the health care provide who advised the individual to self-quarantine:
5.	I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reason related to COVID-19; or
6.	I am experiencing any other substantially-similar condition specified by the Secretary of Health and Huma Services, in consultation with the Secretaries of Labor and Treasury.
l am re	equesting leave to begin on and to return on
•	omitting this request form, I am affirmatively stating that I am unable to work or work remotely because of ason(s) selected above.
 Emplo	oyee's Signature/Date Supervisor's Signature/Date

Please note: paid sick time provided under this Act does not carryover from one year to the next. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment.