



EMERGENCY PAID SICK LEAVE REQUEST FORM
Public Health Emergency – COVID-19

Employee Name: _____

Employee Dept: _____

- Employee must report absence to supervisor as normal with as much advanced notice as practical.
Email completed form with supporting documentation (fillable pdf, scan or picture) directly to hr@burlesontx.com (HR) as soon as practical.

Qualifying Reasons for Emergency Sick Leave:

- (1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
(2) I have been advised by healthcare provider to self-quarantine due to concerns related to COVID-19.
(3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
(4) I am caring for an individual who is subject to an order as described in (1) or has been advised as described in (2) above.
(5) I am caring for my son or daughter whose school or place of care has been closed, or the child care provider is unavailable, due to COVID-19 precautions.
(6) I am experiencing any other substantially similar condition under COVID-19 Public Health Emergency (6 – HR to review with employee as will be specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor)

Table with 4 columns: Date(s) Needed, Start and End Time, Total Time Requested, Reason – Select One Using Numbers Above. Row 1: 4/8/2020, 8AM to 5PM, 8 hours, 5

Employee Signature (if able to sign) _____

Date _____

For HR Office Use Only:

Approved: [] Yes [] No with Reason: _____

- Confirmed supervisor notified of absence
Checked Emergency Paid Sick Leave balance available (if none, review other leave options)
Entered into payroll: Emergency Self (1-3), Emergency Care/Other (4-6)
Notified Employee of Approval status (or other leave options)
FML/E-FML eligibility and qualifying event checked - Eligible: Yes _____ No _____
FML/E-FML Documentation Provided to Employee, if eligible/qualifying

Human Resources Signature _____

Date _____