



**Expanded FMLA Leave and Emergency Paid Sick Leave Request Form**

This form is to be completed by employees requesting leave under Park City Municipal’s FMLA Leave Expansion and Emergency Paid Sick Leave Request Policy. Documentation listed below will be required upon request.

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours requested \_\_\_\_\_

Reason for Leave (circle one) and questions related to request:

- 1. Subject to a Federal, State or local quarantine or isolation order related to COVID-19.** *Please attach a copy of the federal, state or local quarantine or isolation order related to COVID-19 applicable to the employee or the name of the government entity that issued the order.*
- 2. Has been advised by a health care provider to self-quarantine related to COVID-19.** *Please attach written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 or the name of the provider who advised the employee.*
- 3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis.**
- 4. Is caring for an individual subject to an order (1 above) or self-quarantine (2 above).** Name and relation of individual the employee is taking leave to care for \_\_\_\_\_.
- 5. Is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.**

Name and Age of child(ren) being cared for \_\_\_\_\_.

Name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons \_\_\_\_\_.

*I certify that no other suitable person is available to care for the child or children during the period of requested leave.* Employee initials \_\_\_\_\_

- 6. Is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.** *Please see and follow instructions for similar condition above.*

If you are unable to fill this form out and return it, verbal notification will be accepted until practicable to provide written notice. Once emergency paid sick leave has begun, the employee and his or her manager must determine reasonable procedures for the employee to report periodically on the employee’s status and intent to continue to receive paid sick time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date