

Request for Emergency Paid Sick Leave



To request Emergency Paid Sick Leave as provided under Blaine County's COVID-19 Leave Policy, complete the Request for Emergency Paid Sick Leave form and submit it to your Elected Official or Department Head and to the Human Resources Department as soon as possible before leave commences.

Documentation supporting the need for Emergency Paid Sick Leave must be included with this request, as described in the COVID-19 Leave Policy.

Employee Name:			
Office or Department:			
Elected Official/Department Head:			
Requested Leave Start Date:		Requested Leave End Date:	
Number of hours of Emergency Paid Sick Leave being requested:			
Are you planning to use the Emergency Paid Sick Leave intermittently?	YES	NO	

I am requesting this Emergency Paid Sick Leave due to my inability to work (or telework) due to the following reason below: (Check the appropriate reason)

- 1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2. I have been advised by a health care 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 received the COVID-19 vaccine and am experiencing side effects resulting in my inability to work.
- 5. I am caring for an individual who is subject to either number 1 or 2 above.
- 6. I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions; and,
 - I attest that no other suitable person is available to care for my child during the requested period of leave.
 - I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.
- 7. I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.

I have attached the "Employee Statement Supporting Leave" and other appropriate documentation.

Employee Signature: _____ Date: _____

Elected Official/Department Head Signature: _____ Date: _____

HR Signature: _____ Date: _____

Employee Statement Supporting Leave

I, _____, provide the following information in support of my request for Emergency Paid Sick Leave (complete all that apply):

Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order:

Effective dates of the order: _____

Leave due to a health care provider's advice to self-quarantine

Name of the health care provider advising me or the individual I am caring for to self-quarantine:

Written documentation is available and attached: Yes No

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

Leave due to a school or place of childcare closed due to COVID-19

Name of school or place of care:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

Leave due to a substantially similar condition specified by the secretary of health and human services

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____

Date: _____