REQUEST FOR EMERGENCY PAID SICK LEAVE (COVID-19 FFCRA)

Request for emergency paid sick leave as provided under the Families First Coronavirus Response Act Friant Water Authority’s Emergency Paid Sick Leave Policy. Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave policy.

Employee Name (print clearly): ________________________________________________

Requested Leave Start Date: ________________ End Date: ________________

The amount of emergency paid sick leave being requested is ________ hours.

[Optional: I wish to take intermittent leave for reason #5 below, during the following days and hours:]

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- 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 am caring for an individual who is subject to either number 1 or 2 above.
- 5) 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.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

I have attached documentation supporting my need for leave.

Employee Signature: ___________________________________________ Date: ________________

Manager Signature: ___________________________________________ Date: ________________

Personnel Officer 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 (FFCRA #1)

Name of the issuing government agency for the quarantine/isolation order: ____________________________

Effective dates of the order: ____________________________

Leave due to a health care provider's advice to self-quarantine (FFCRA #’s 2-4)

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

Individual who I am needed to care for: Name: ____________________________ Relation: ____________________________

Leave due to a school or place of child care closed due to COVID-19 (FFCRA # 5)

School or place of care: __________________________________________________________

Child caregiver unavailable due to concerns related to COVID-19: ____________________________

Child or children I am needed to care for:

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 (FFCRA # 6)

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: ____________________________