CASCADE CHRISTIAN SCHOOLS

EMERGENCY PAID SICK LEAVE AND EMERGENCY FMLA REQUEST FORM

Employee Name (Please print)	Employee ID Number	Date
Title	Supervisor	Department
Leave Start Date	Leave End Date	Total Hours Requested

I CERTIFY THAT I AM UNABLE TO WORK (OR TELEWORK) FOR THE FOLLOWING REASON:

- ❑ I am subject to a federal, state, or local quarantine or isolation order related to COVID-19 that specifically prevents me from working.
  Name of the government entity issuing the order:
- ❑ I have been **advised by a health care provider to self-quarantine** because of concerns related to COVID-19.
  Name of the advising healthcare provider:
- ❑ I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis.
- ❑ I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19.
  Name of person I am caring for and our relationship:
  Name of the government entity issuing the order:
  OR
  Name of the advising healthcare provider:
- ❑ I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. **I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.
  Name(s) and age(s) of child(ren):
  Name of closed school(s) or place(s) of care:
- ❑ I am experiencing **other conditions substantially similar** to COVID-19 as specified by the Department of Health and Human Services.

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

Employee Signature: _____ Date: _____