

# EMERGENCY PAID SICK LEAVE REQUEST FORM

Emergency paid sick leave is available to employees, regardless of length of employment with Henrico County Public Schools (HCPS), when an employee is unable to work, or telework, due to certain criteria related to COVID-19. Requests for emergency paid sick leave are reviewed on a case by case basis. Full-time employees are entitled to 80 hours of emergency leave and part-time employees are entitled to a calculated number of hours equal to the number of hours that such employee works, on average, over a 2-week period.

This request form must be submitted with proper medical documentation if employee, or individual for whom employee is providing care, has been advised by a health care provider to quarantine.

Employee Information		
<b>Name</b>	<b>Employee ID#</b>	<b>Hire Date</b>
<b>Job Title</b>	<b>Work Location</b>	
<b>Email Address (to be used for communication during leave)</b>	<b>Primary Phone Number</b>	
Leave Information		
<b>Absence Start Date:</b>	<b>Anticipated Return Date:</b>	
Reasons for Leave		
<b>COVID Exposure Occurred:</b>		
<input type="checkbox"/> In the workplace. Explanation: _____ _____		
<input type="checkbox"/> Outside the workplace. Explanation: _____ _____		
<b>Employee's Own Health Condition</b>		
<input type="checkbox"/> 1. Employee has been advised by HCPS contact tracing to quarantine related to COVID-19.		
<input type="checkbox"/> 2. Employee has been advised by a health care provider to quarantine related to COVID-19.		
<input type="checkbox"/> 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.		
<input type="checkbox"/> 4. Employee has been diagnosed with COVID-19.		
<b>Care for Another</b>		
<input type="checkbox"/> Employee is caring for an individual who has been advised to quarantine related to COVID-19.		
Name of individual requiring care: _____		
Relation to employee: _____		

I certify that I am requesting leave for a reason listed above and will provide additional documentation to support this leave, if requested by my employer. I acknowledge that I am subject to discipline, up to and including termination of employment, for falsifying my need for emergency paid leave.

Employee Signature	Date