



EMERGENCY PAID SICK LEAVE AND EMERGENCY FMLA REQUEST FORM

Table with 3 columns: Client Name, Client Number, Date; Employee Name, Employee Number, Employee Supervisor; Leave Start Date, Leave End Date, Total Hours Requested.

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

- Checkboxes for reasons: Federal/State/Local quarantine, health care provider advice, COVID-19 symptoms, caring for another individual, child care, school closure, and other conditions.

I certify that all the facts are true and correct to the best of my knowledge. If my request for a leave of absence is approved, I understand that I must abide by all the terms and conditions of my leave of absence.

Employee Signature: _____ Date: _____

TO BE COMPLETED BY AUTHORIZED COMPANY REPRESENTATIVE:

Is employee required to:

Pay their benefit premiums while on leave: [] Yes [] No

If no, will the Company be responsible for employee premiums [] Yes [] No

Authorized Company Representative _____ Signature _____ Date _____

Please submit this completed form to your Questco representative for processing.