



Human Resources
 Room 340
 411 West First Street
 Duluth, Minnesota 55802

FORM

EMERGENCY PAID SICK LEAVE REQUEST

Employees requesting Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Human Resources Leave Reporting (leavereporting@duluthmn.gov) for processing. **You will be required to provide documentation to verify the qualifying reason for the leave, such as a copy of any quarantine or isolation order, or written note by a health care provider advising self-quarantine, or a notice of closure of school or childcare provider (i.e., email, notification on website, or news article).**

Full Name:		Employee ID # or Date of Birth:	
Home Address:		City:	State:
Primary Phone:		Alternate Phone:	
<input type="checkbox"/> Home <input type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Cell	
Date of Hire:		Email:	
Department:		Division:	
Status: <u>Full-Time:</u> <input type="checkbox"/> 37.5 hours/week <input type="checkbox"/> 56 hours/week <input type="checkbox"/> 40 hours/week <u>Part-Time:</u> <input type="checkbox"/> 1/2 time (14-24 hours/week) <input type="checkbox"/> 3/4 time (24-30 hours/week) <u>Non-Union:</u> <input type="checkbox"/> Temporary (67 or 100 days) <input type="checkbox"/> Part-Time (13 or 13.5 hours/week)		Bargaining Unit: <input type="checkbox"/> Basic <input type="checkbox"/> Confidential <input type="checkbox"/> Police <input type="checkbox"/> Supervisory <input type="checkbox"/> Fire <input type="checkbox"/> Not Represented (NREP) <input type="checkbox"/> LELS <input type="checkbox"/> Non-Union	

This is a (check one): New request for leave Request for an extension of leave

Anticipated Start Date for Leave: _____ **Expected Return to Work Date:** _____

Reason for Leave (check all applicable) – I am unable to work or telework for the following reason(s):

- I am subject to state, federal, or local quarantine or isolation order related to COVID-19*
- I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19*
- I have symptoms related to COVID-19 and I am seeking a diagnosis*
- I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19*
- I need to care for my child under age 18 because the child's school, child care, or child care provider is closed or unavailable because of COVID-19*
- I am experiencing other conditions substantially similar to COVID-19 as specified by HHS*

**Applicable for Full-Time Emergency Responders AND non-Emergency Responders *Not applicable for Emergency Responders*

I will need (check one): Continuous leave Intermittent leave

If your need for leave is intermittent, please describe the nature of your intermittent leave:

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____ Date: _____