

Desert Sage Health Centers

COVID-19 EMERGENCY PAID SICK LEAVE REQUEST FORM

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Desert Sage Health Center's Emergency Paid Sick Leave Policy, please complete the following request form and submit to Sharlet Wilson as soon as possible before leave commences. Verbal notice to Sharlet Wilson (208) 696-7203 will be accepted until a form can be provided.

Employee Name (print clearly): _____

Department: _____

Manager: _____

Requested Start Date: _____ Estimated End Date: _____

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

The reason for this emergency paid sick leave request is (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 experiencing another substantially similar condition specified by the secretary of health and human services.

Employee: _____

Print Name

Signature

Date