

Employee Emergency Paid Leave Request

(for leave on or after April 1, 2020)

Amended 4-13-2020 by Commissioners' Court

I am seeking emergency paid sick leave for one of the following reasons (**check one**):

- 1.** I am subject to a government quarantine declared by: _____
(name of a governmental agency); or
- 2.** I have been advised by _____ (name of your healthcare provider) to self-quarantine for _____ days beginning on _____, 2020; or
- 3.** I am experiencing one of more of these symptoms:
- Coughing; or
 - Fever of 100.4° or higher; or
 - Sore throat; or
 - Chills; or
 - Shortness of breath

and I am consulting with a healthcare provider for a diagnosis (name of healthcare provider you have or will consult: _____); or

- 4.** I am caring for an individual subject to quarantine or self-quarantine as advised by that individual's healthcare provider. Name of individual you are caring for: _____ Nature of relationship with that individual: _____; or
- 5.** I am unable to work because I am caring for my child(ren) under 18 during a closure of a school or childcare provider. Name of school or childcare provider: _____ and date it closed: _____; or
- 6.** I am experiencing another condition that is substantially similar to COVID-19.

I understand that emergency paid sick leave is available only for one of the six reasons listed above and only for a **total of 80 hours (if I am a full-time employee) or my average hours over a two-week period of work (if I am a part-time employee)**.

I also understand that I will be paid my normal hourly rate if I am requesting sick leave for one of the first three reasons listed above. If I have checked one of the final three reasons listed above, I understand that I will be paid at a rate of 2/3 of my normal hourly rate. I also understand that there are daily and total compensation caps on these amounts that I will be paid for emergency paid sick leave.

I also understand that I will be paid the remaining 1/3 of my normal hourly rate if I have available sick leave, vacation or comp., to use for that 1/3. **For #5 I will be paid the remaining 1/3 of my normal hourly rate if I have available vacation or comp., to use for that 1/3.**

I also understand that this emergency paid sick leave is granted to me in addition to any accrued but unused paid leave available to me under this company's paid time off policies and that it is my choice of when to use that paid leave granted by company policy.

I understand that my company will not retaliate against me for using this emergency paid sick leave and won't discriminate, discipline or discharge me in connection with this emergency paid sick leave.

Employee Signature and Print Name

Date