



MIAMI COUNTY REQUEST FOR EMERGENCY SICK LEAVE

Updated: 4/7/2020

Under the Families First Coronavirus Response Act, employees who are unable to work or telework due to COVID-19 may qualify for up to two weeks of paid emergency sick leave, in addition to existing accrued paid time off. Emergency sick leave will be administered on a case-by-case basis in compliance with local, state, and federal law.

To request emergency sick leave, complete this form and submit it to Holly Ray, Human Resources Director, hrray@miamicountyks.org. In case a back-up contact is needed, Linda Taylor, HR Partner, ltaylor@miamicountyks.org. For more information, please contact Human Resources at 913-294-9530 or visit <https://www.dol.gov/agencies/whd>

I am requesting paid emergency sick leave for _____ days _____ weeks
Start Date: _____ Approximate End Date: _____ .

I am unable to work or telework during this time for the reason(s) below (check all that apply):

- 1. I am subject to a government 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 immediate family member, a person who regularly resides in my home, or a similar person with whom I have a personal relationship that creates an expectation of care, and that person is subject to a government quarantine or isolation order or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.*
- 5. *I am caring for my son/daughter because the school or place of care for my son/daughter has been closed, or the childcare provider for my son/daughter is unavailable, due to COVID-19 precautions.*

Employees who take emergency sick leave for reasons 1, 2, or 3 above will be paid the regular rate of pay, up to \$511 per day and \$5,110 in the aggregate. Employees who take emergency sick leave for reasons 4 or 5 above will be paid 2/3 of the regular rate of pay, up to \$200 per day and \$2,000 in the aggregate.

If you are taking leave for reasons 1 or 2, list the name of the government entity ordering quarantine or the name of the health care provider advising quarantine.

If you are taking leave for reason 3, list the name of the health care provider providing your medical care.

If you are taking leave for reason 4, provide: (1) the name of the person subject to quarantine and that person's relationship to you, and (2) the name of the government entity ordering quarantine or the name of the health care provider advising quarantine.

If you are taking leave for reason 5, check all boxes below that apply:

- I am unable to work or telework during this time because I need to care for my son/daughter who is under 18 years of age, or for my son/daughter who is 18 years of age or older and is incapable of self-care because of a mental or physical disability.
- I am unable to work or telework during this time because I need to care for my son/daughter who is older than 14 years of age, and special circumstances exist requiring me to provide such care during daylight hours. **Note:** Please provide a statement explaining your special circumstances at the end of this form.
- The school or place of childcare for my son/daughter has been closed, or my son/daughter's childcare provider is unavailable, due to the COVID-19 pandemic.
- I represent that no other suitable person will provide care for my son/daughter during the dates of my requested leave.
- I am interested in using this leave on an intermittent basis, meaning I would use a mixture of leave and continued working during this time period. **Note:** This option may not be available. Your indication of interest will allow for us to have a discussion to see if a mutually agreeable schedule of intermittent usage can be utilized.

If you are taking leave for reason 5, provide the information listed below.

Name and age of each son/daughter in need of my care:

Name of each son/daughter's school, place of care, or provider that has closed or become unavailable:

Special circumstances, if applicable:

Employee Name (Print)

Employee Signature

Date

Human Resources Approval

Date