

City of Milwaukee DER 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 your Departmental FMLA leave administrator for processing.

Employee Name:	Employee ID No.:
Employee Home Address:	E-mail:
Home Phone Number:	Phone Number:
Department/Division:	
This is a (choose one): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	
Anticipated Begin Date of Leave:	Expected Return to Work Date:
Reason for Leave (check all applicable) I am unable to work (or telework) for the following reasons:	
<input type="checkbox"/> I am subject to state, federal or local quarantine or isolation order related to COVID-19 Name of government entity ordering quarantine _____	
<input type="checkbox"/> I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19 Name of health care provider _____	
<input type="checkbox"/> I have symptoms related to COVID-19 and I am seeking a diagnosis	
<input type="checkbox"/> I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19 Name of individual and relationship to employee _____ Name of government entity or health care provider _____	
<input type="checkbox"/> 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 and no other person will be providing care while I use leave Name and age of child or children _____ Name of school or childcare provider _____	
<input type="checkbox"/> I am experiencing other conditions substantially similar to COVID-19 as specified by HHS.	
I will need (choose one): <input type="checkbox"/> Continuous leave <input type="checkbox"/> 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 my Departmental Leave Administrator regarding my absence from work beyond such scheduled date of return, I may be subject to discipline.

Employee Signature: _____

Date: _____