Request Form for COVID-19 Emergency Paid Sick Leave

Employee Information
Employee Name (print clearly):
Employee ID Number:
Title/Position:
Department:
Requested Leave Start Date:
Estimated Leave End Date (if known):
Employee's Statement Regarding Request for Leave
By signing this form, I represent that I am unable to work or telework because of the COVID-19 qualifying reason identified below.
The reason for the COVID-19 Emergency Paid Sick Leave is (check the appropriate reason below and provide the requested information):
❑ 1) I am subject to a federal, state, local, health authority having jurisdiction, or a health care provider quarantine or isolation order related to COVID-19. The name of the government entity or health care provider that issued the quarantine or isolation order related to COVID-19 is:
❑ 2) I have tested positive, or I am experiencing symptoms of COVID–19 and seeking a medical diagnosis or I have got or am recovering from a COVID-19 immunization. The name of the health care provider with whom I am seeking a medical diagnosis is:
❑ 3) I am unable to telework due to COVID-19 symptoms.
❑ 4) I need to care for a family member who is subject to a federal, state, local, health authority having jurisdiction, a health care provider or the family member's employer quarantine or isolation order related to COVID-19. The name of the government entity, health care provider, or family member's employer that issued the quarantine or isolation order related to COVID-19 is:
❑ 5) I need to care for a family member[1] who must self-isolate due to a COVID-19 diagnosis or needs medical diagnosis, care, or treatment for COVID-19 symptoms. The family member that I need to care for is:
❑ 6) I need to care for an immediate family member who needs to obtain or recover from a COVID-19 immunization:
Additional documentation or clarification of documentation or information is required prior to making a final determination to approve or deny the request for COVID-19 Emergency Paid Sick Leave.
Are you fully vaccinated? ❑ Yes ❑No Vaccination Date (1): _____ Vaccination Date (2): _____
_____ _____ Employee Signature Date

As of 10/6/2021

[1] "Family member" has the same definition as in the Massachusetts Paid Family and Medical Leave Act (M.G.L. c. 175M), namely, an employee's spouse, domestic partner, child, parent, grandchild, grandparent, or sibling, a parent of a spouse or domestic partner of the employee, or a person who stood in loco parentis to the employee when such employee was a minor child. Family members are covered, at this time, under the Massachusetts Covid Leave Pay, however, they are not covered under the Springfield Public Schools Policy.