

Sand Springs Public Schools
COVID-19 Emergency Paid Sick Leave Request Form
 Email Form to Dana.Gouyd@sandites.org

Name: _____ Site/Department: _____
 Please Print Please Print

Supervisor: _____ Contact Number: _____

Anticipated Start Date for Leave: _____ # of Hours Requested (80 max): _____

Reason for sick leave request under the Emergency Paid Sick Leave Act (check the appropriate box):

| Reason | Check one | Reason for Emergency Paid Sick Leave | Calculation of Pay |
|--------|-----------|---|--|
| 1 | | I am subject to a Federal, State or local quarantine or isolation order | Reg Rate or min wage, up to \$511 per day |
| 2 | | I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 | Reg rate or min wage up to \$511 per day |
| 3 | | I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis | Reg rate or min wage up to \$511 per day |
| 4 | | I am caring for an individual subject to a Federal, State or local quarantine or isolation order related to COVID-19 or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 | 2/3 reg rate or 2/3 minimum wage up to \$200 per day |
| 5 | | I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19 | 2/3 reg rate or 2/3 min wage up to \$200 per day |
| 6 | | I am experiencing another substantially-similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor | 2/3 reg rate or 2/3 min wage up to \$200 per day |

Reason #1 – Federal, State or local quarantine or isolation order

If you are electing emergency paid sick leave for reason #1 above (isolation order), please name the government entity that issued the quarantine or isolation order to which you are subject:

Reason #2 – Health care provider self-quarantine order

If you are electing emergency paid sick leave for reason #2 (health care provider order), please name the health care provider making the quarantine recommendation:

Reason # 4 – Caring for an individual

If you are electing emergency paid sick leave for reason #4, please name either the government entity that issued the quarantine or isolation order or the health care provider making the quarantine recommendation:

Reason #5 – Child-Care

If you are electing emergency paid sick leave for reason #5 (child care):

Name of child(ren) being cared for:

Name of school, place of care, or child care provider that closed or became unavailable:

Employee Acknowledgement- Check all that apply

- I certify that I am unable to work or telework due to the reason stated above.
- I certify that if I am requesting leave due to child care issues (reason #5) I attest that no other suitable person is available to care for the child during the period of the requested leave.
- I will provide requested documentation to support my need for leave, or I attest to the reason here if documentation is not immediately available. I understand that falsification of any information regarding this absence may be grounds for disciplinary action, including termination.
- I acknowledge this box represents an electronic signature that is legally binding.

Employee Signature _____

Date _____

Office Only- Date Received _____