



REQUEST FOR EMERGENCY PAID SICK LEAVE

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Mississippi Delta Community College's Emergency Paid Sick Leave Policy, please complete the following request form and submit to your Supervisor or the Human Resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____

Employee ID#: _____

Department: _____

Supervisor: _____

Requested Leave Start Date: _____ **Estimated End Date:** _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for this emergency paid sick leave request is (check the appropriate reason below):

- 1) I am subject to a federal, state, or local 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 individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Employee Signature

Date

Supervisor Signature

Date

Associate Vice-President/Vice-President Signature

Date

Human Resources Director Signature

Date