



**CITY OF STOCKTON
EMERGENCY PAID SICK LEAVE REQUEST FORM**

Employee Name: _____

Position/Title: _____

Department: _____

TYPE OF LEAVE REQUESTED

Date(s) of Leave: _____

Time of Leave: Number of Days: _____ Number of Hours: _____

- 1. Employee is subject to federal, state, or local quarantine or isolation order related to COVID-19
- 2. Employee has been advised by a health care provider to self-quarantine due to COVID-19 related concerns
- 3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis
- 4. Is caring for an individual who meets the specifications in (1) or (2) above
- 5. Is caring for a son or daughter if the school or place of care has been closed or the child care provider is unavailable due to COVID-19 precautions; or
- 6. Is experiencing any other 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.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Leave taken under Emergency Paid Sick Leave Act will not be taken from employee accruals and is subject to limits set forth by the Act.