



# 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  
Name of entity issuing quarantine or isolation: \_\_\_\_\_

2. Employee has been advised by a health care provider to self-quarantine due to COVID-19 related concerns  
Name of health care provider: \_\_\_\_\_

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  
Name of entity or medical provider: \_\_\_\_\_

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  
Names of child AND school/care provider: \_\_\_\_\_

*Son or Daughter.* The term "Son or Daughter" has the meaning given such term in section 101 of the FMLA (29 U.S.C. 2611). Accordingly, the term means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing *in loco parentis*, who is under 18 years of age; or 18 years of age or older who is incapable of self-care because of a mental or physical disability

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 is not approved until Human Resources has notified you that your request has been approved. 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.