

## Healthy Families and Workplaces Leave Request for Public Health Emergencies

*In situations in which a public health emergency is declared, PPCH will provide an additional amount of supplemental sick leave which when added to the already accrued and banked sick leave for that individual will not exceed a maximum of 80 hours of sick leave per year for full time employees. Part time and employees not regularly scheduled for a full 40 hours per week will be eligible for a pro-rated amount of sick leave based upon average hours worked. These leave hours may be used prior to the use of the employee's already accrued sick leave hours. There is no documentation required for an employee to use this leave. The use of this leave is a one time allotment of hours per year and may be used until four weeks after the official termination of the public health emergency.*

I, \_\_\_\_\_, am requesting sick leave hours under the Healthy Families and Workplaces Act due to my inability to work (or telework) because (check the appropriate reason below):

- 1.  I am self-isolating due to a positive diagnosis, experiencing symptoms, seeking medical treatment or preventive care with respect to the illness causing the public health emergency.

Name/phone number/address of health care professional advising self-quarantine

Date of service

- 2.  I am suffering from a pre-existing condition that would make me more susceptible to serious harm if infected with the illness causing the public health emergency.
- 3.  Either my employer or a public health official have deemed it to unsafe for me to come to work due to my potential exposure to or displaying symptoms of the illness causing the public health emergency.
- 4.  I am caring for a family member in one of the above circumstances
- 5.  I am caring for my child or other family member whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to the illness causing the public health emergency.

**Employee Attestation:**

I understand that providing false or misleading information regarding the need for sick leave hours under the Healthy Families and Workplaces Act (HFWA) will be grounds for corrective action, up to and including termination of employment. I understand that through 3/31/21, I may have sick time hours available under the 2020 Emergency Paid Sick Leave and that those hours may be accessed prior to HFWA hours when appropriate.

Employee Name

Date

FOR PPCH ADMIN USE ONLY

Requested sick Leave hours designated as: \_\_\_\_\_ EPSL \_\_\_\_\_ HFWA

NOTES:

Beginning # sick hours: \_\_\_\_\_

HFWA # supplemental hours: \_\_\_\_\_

EPSL Remaining hours: \_\_\_\_\_

Approval: \_\_\_\_\_