



Employee Request for Emergency Paid Sick Leave

Employee Name:	
Employee Home Address:	
Personal Email:	
Home Phone Number:	Cell Phone Number:
Anticipated Begin Leave Date:	Expected Return to Work Date:
Reason for Leave: I am unable to work (or telework) for the following reason: <input type="checkbox"/> (1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19; <input type="checkbox"/> (2) I have been advised by a health care provider to self-quarantine related to COVID-19; <input type="checkbox"/> (3) I have been experiencing COVID-19 symptoms and I am seeking a medical diagnosis; <input type="checkbox"/> (4) I am caring for an individual subject to an order as in (1) or self-quarantine as in (2); <input type="checkbox"/> (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; or <input type="checkbox"/> (6) I am experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.	
Please explain your selection above further, including why you are unable to telework: _____ _____ _____	
Documentation/ Information required for each corresponding selection above: (1) The name of the government entity that issued the quarantine or isolation order to which the employee is subject. (2) The name of the health care provider who advised him or her to self-quarantine for COVID-19 related reasons. (3) An employee requesting paid sick leave under this selection must provide either (1) the government entity that issued the quarantine or isolation order to which the individual is subject or (2) the name of the health care provider who advised the individual to self-quarantine, depending on the precise reason for the request. (4) The name of the child being cared for; the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and a statement representing that no other suitable person is available to care for the child during the period of requested leave.	

Certification

I, the undersigned employee, certify that the above information is true, accurate, and complete. I further certify that I cannot work or telework due to the above selected reason. I acknowledge that I have read and understood the attached document titled "Information for Employee Requesting Emergency Paid Leave." I understand that if I fail to report to work on or before the above stated return date or fail to contact the Department Head regarding my absence from work beyond scheduled date of return, my employer may take corrective action.

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Box to be completed by Treasurer's Office

Treasurer's Signature: _____ Date: _____

Employee Leave Request: Approved Denied



Information for Employee Requesting Emergency Paid Sick Leave

1. Employees requesting leave under the Emergency Paid Sick Leave Act must complete the attached form and then submit the form to the Treasurer at smayall@fultonco.org for processing. The email subject should be titled "Request for Emergency Paid Sick Leave."
2. An employee requesting leave under the Emergency Paid Sick Leave Act must provide as much advance notice as is foreseeable and practicable.
3. Leave under the Emergency Paid Sick Leave Act is limited to up to 80 hours for full time employees.
4. The employee requesting leave must attach the required documentation above, as applicable, and may attach any other documentation that they believe will be helpful in approving their request for leave.
5. Falsification of this request, or any documentation provided to support this request, is cause for immediate dismissal.
6. You will receive notification of approval or denial of your requested leave of absence via certified mail within 48 hours of confirmed receipt of said request for leave. If additional information is requested by the County, the 48-hour timeline for approval or denial applies upon receipt of the additional information by the employee.
7. The final approval or denial of leave will be delegated to the County Treasurer.
8. All questions regarding leave should be directed to County Treasurer at smayall@fultonco.org.
9. You are responsible for payment of your benefits premiums and standard payroll deductions. Payment of benefit premiums for health insurance should be automatically deducted from your paycheck. If, for any reason, the insurance premium is not deducted from your paycheck it is your responsibility to immediately contact County Clerk at jbankert@fultonco.org and make arrangements to pay for your premiums. Voluntary payroll deductions should be automatically deducted from your paycheck. If, for any reason, your voluntary deductions are not deducted from your paycheck it is your responsibility to immediately contact County Treasurer at smayall@fultonco.org and make arrangements to pay for your voluntary deductions.
10. If you are requesting leave under the Emergency Family Medical Leave Act you must complete a separate request form.