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CCB# 64174

Employee Request for Emergency Paid Sick Leave

Employees requesting Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Please also submit documentation, if available, to support the reason(s) for leave (e.g., a copy of the quarantine or isolation order or a letter from a school notifying you of a closure). Delta Fire, Inc. reserves the right to request additional supporting documentation at a later date. Upon completion of this form, submit it to Human Resources for processing.

Employee Name: _____

Employee Address: _____ **Home Phone:** _____

_____ **Cell Phone:** _____

This is a (choose one): ☐ New request for leave ☐ Request for an extension of leave

Anticipated Begin Date of Leave: _____ **Expected Return to Work Date:** _____

Reason for Leave (check all applicable) I am unable to work (or telework) for the following reasons:

- ☐ I am subject to Federal, State, or local quarantine or isolation order related to COVID-19.
- ☐ I have been advised by a health care provider to self-quarantine related to COVID-19.
- ☐ I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.
- ☐ I am caring for an individual who is subject to Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine related to COVID-19.
- ☐ I am caring for my child under age 18 whose school or place of care is closed (or child care provider is unavailable) because of COVID-19 related reasons.
- ☐ I am experiencing other conditions substantially similar to those specified by the U.S. Department of Health and Human Services.

I will need (choose one): ☐ Continuous leave ☐ Intermittent leave

If your need for leave is intermittent, please describe the nature of your intermittent leave:

I certify that the above information is accurate and complete. I understand that if any information or supporting documentation is inaccurate or incomplete, I may be subject to disciplinary action. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____ **Date:** _____

Human Resources Signature: _____ **Date:** _____