



COVID-19 Emergency Leave Request Form

In line with Distinctive Home and Healthcare’s COVID-19 Leave Policy, all employees must submit a formal request for sick or family leave under the Families First Coronavirus Response Act (FFCRA). All requests must be submitted via email to Teresa Travers, Human Resources Manager at: ttraves@distinctivehomecare.com, as soon as reasonably possible.

Employee Name: _____

Date of Request: _____

A. Emergency Sick Leave

I wish to request leave based on the following reasons because I am unable to work or telework (check all that apply):

- (1) I am unable to work (or telework) due to a Federal, State, or local quarantine or isolation order related to COVID-19;
- (2) I have been advised by a health care provider to self-quarantine related to COVID-19;
- (3) I am experiencing COVID-19 symptoms and am seeking a medical diagnosis;
- (4) I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
- (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;
- (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.

I am requesting leave for the following dates:

From: _____

Hours Requested: _____

To: _____

Hours Requested: _____

Total Hours Requested: _____

(Please note that leave must be taken in full day increments.)

I have attached supporting documentation of my need to take the above referenced leave to this request or will provide such documentation within fifteen (15) calendar days of this request.

I hereby request leave from duty as indicated above and certify that such leave is requested for the purpose(s) indicated. I understand that I must comply with Distinctive Home and Healthcare’s procedures for requesting leave (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including payback of any leave afforded to me.

Employee Signature: _____

Date: _____

COMPANY USE ONLY

Comments: _____

Review and Approved HR Manager: _____ Date: _____

Reviewed and Approved Senior Management: _____ Date: _____