CITY OF LYNDEN

Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and City of Lynden's Emergency Paid Sick Leave Policy, please complete the following request form and submit to your Manager or the Human Resources department as soon as possible before leave begins.

Employee Name (print clearly): _____

Department: _____ Manager: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for this emergency paid sick leave request is (check the appropriate reason below):

❏ 1) I am subject 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 due to concerns related to COVID–19.

❏ 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.

❏ 4) I am caring for an individual who is subject to either number 1 or 2 above.

❏ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID–19 precautions.

❏ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

First three reasons listed above are paid at an employee's regular rate of pay. The bottom three reasons (4), (5), or (6) are paid at two-thirds of the employee's regular rate of pay.

If selecting reason (4), (5), or (6) would you like to use accrued leave to equal your regular rate of pay?

❏ No   ❏ Yes, please use: ❏ Comp Time ❏ Sick Time ❏ Vacation Time

Employee Signature: _____Date_____

Manager Signature: _____Date_____

HR Manager: _____Date_____

City Administrator: _____Date_____