# Emergency Leave Employee Request Form*.*

| **Employee Information:** | | | | |
| --- | --- | --- | --- | --- |
| **Region** |  | | | |
| **District** |  | | | |
| **Employee ID** |  | | | |
| **Employee Name (First)** |  | | | |
| **Employee Name (Last)** |  | | | |
| **Employee Email Address** |  | | | |
| **Employee Cell Phone Number** |  | | | |
| **Employee Classification** | **Union**  **Union Free** | | | |
| **If Union, Local Union Number** |  | | | |
| **Employee Job Type** |  | Full Time Management |  |  |
| Specialist or Part Time Supervisor |  |
| Administrative, Technical, Warehouse Employees  (non-union hourly) |  |
| Union Hourly Employee |  |



1. Are you currently working?

**Yes No**

**If Yes, move to the next question**

**If No, please answer the following question:**

| What was your last day working? |  |
| --- | --- |

1. Do you have the flexibility to work remotely? (Union Free Only)

**Yes No**

1. Have you been evaluated by a medical provider, public health department, or CDC?

**If No, move to the next questions**

**If Yes, please answer the following question:**

1. Have you been diagnosed with COVID19?

**If No, move to the next question**

**If Yes, please answer the following questions:**

| Were you diagnosed by a medical provider, public health department, or CDC? Specify which one |  | Medical Provider | | | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Public Health Department | | | |  |  |
| CDC | | | |  |  |
| What date were you diagnosed? |  | | | | | | |
| Were you quarantined? |  | **Yes** |  |  | | | |
| **No** |  |
|  | | | | | | |
| Specify which entity placed you on quarantine |  | Medical Provider | | | |  |  |
| Public Health Department | | | |  |  |
| CDC | | | |  |  |
| What date were you quarantined? |  | | | | | | |
| Were you given an estimated quarantine end date? If so, when? |  | **Yes** | | |  | |  |
| ***If Yes, Provide Date*** | | |  | |  |
| **No** | | |  | |  |

1. Have you been tested for COVID19?

**If No, move to the next question**

**If Yes, please answer the following questions:**

| Were you tested by a medical provider, public health department, or CDC? Specify which one |  | Medical Provider |  |  |
| --- | --- | --- | --- | --- |
| Public Health Department |  |  |
| CDC |  |  |
| What date were you tested? |  | | | |
| Provide the date the test results will be available, if provided to you. |  | | | |

| Were you quarantined? |  | **Yes** |  |  | | |
| --- | --- | --- | --- | --- | --- | --- |
| **No** |  |
|  | | | | | |
| Specify which entity placed you on quarantine |  | Medical Provider | | |  |  |
| Public Health Department | | |  |  |
| CDC | | |  |  |
| What date were you quarantined? |  | | | | | |
| Were you given an estimated quarantine end date? If so, when? |  | | | | | |

1. Has someone living in your household been diagnosed for COVID19?

**If No, move to the next question**

**If Yes, please answer the following questions:**

| What is their relationship to you? Spouse or  partner, parent, child or other (Please specify). |  | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Were they diagnosed by a medical provider, public health department, or CDC? Specify which one |  | Medical Provider | | |  |  |
| Public Health Department | | |  |  |
| CDC | | |  |  |
| What date were they diagnosed? |  | | | | | |
| Provide the date the test results will be available, if provided to you. |  | | | | | |
| Were they placed in quarantine? |  | **Yes** |  |  | | |
| **No** |  |
|  | | | | | |
| Specify which entity placed them on quarantine |  | Medical Provider | | |  |  |
| Public Health Department | | |  |  |
| CDC | | |  |  |
| What date were they quarantined? |  | | | | | |
| Were they given an estimated quarantine end  date? If so, when? |  | | | | | |

1. Has someone living in your household been tested for COVID19?

**If No, move to the next question**

**If Yes, please answer the following questions:**

| Were they tested by a medical provider, public health department, or CDC? Specify which one |  | Medical Provider | | | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Public Health Department | | | |  |  |
| CDC | | | |  |  |
|  | | | | | | |
| What date were they tested? |  | | | | | | |
| Provide the date the test results will be available, if provided to them. |  | | | | | | |
| Were they quarantined? |  | **Yes** |  |  | | | |
| **No** |  |
|  | | | | | | |
| Specify which entity placed them on quarantine |  | Medical Provider | | | |  |  |
| Public Health Department | | | |  |  |
| CDC | | | |  |  |
| What date were they quarantined? |  | | | | | | |
| Were you given an estimated quarantine end date? |  | **Yes** | | |  | |  |
| ***If Yes, Provide Date*** | | |  | |
| **No** | | |  | |

1. Have you or a member of your household traveled in the last two weeks?

| **Yes** |
| --- |
| **No** |

**If No, move to the next question**

**If Yes, please answer the following questions:**

| Who from your family traveled (list here)? |  | | | |
| --- | --- | --- | --- | --- |
| Was Traveling in the US? |  | **Yes** |  |  |
| ***If Yes, Provide State*** |  |
| **No** |  |
| Was Travel outside the US? |  | **Yes** |  |  |
| ***If Yes, Provide Country*** |  |
| **No** |  |
| What date did you return from your travels? |  | | | |

1. Did you or a member of your household go on a cruise in the last two weeks?

**If No, move to the next question**

**If Yes, please answer the following questions:**

| Who from your family traveled on a cruise (list here)? |  | | | |
| --- | --- | --- | --- | --- |
| What date did you return from your cruise? |  | | | |
| Have you been back to work since your cruise? |  | **Yes** |  |  |
| ***If Yes, Provide Date*** |  |  |
| **No** |  |  |
|  | | | |

1. Have you received verbal or written communication instructing you to self-quarantine?

| **Yes** |
| --- |
| **No** |

**If No, move to the next question**

**If Yes, please answer the following questions:**

| What Date did you start the quarantine? |  |
| --- | --- |
| What is the estimated quarantine end date? |  |
| Please Describe the instructions given to you to self-quarantine. |  |

1. Have you received verbal or written communication instructing someone in your household to self-quarantine?

| **Yes** |
| --- |
| **No** |

**If No, move to the next question**

**If Yes, please answer the following questions:**

| What is their relationship to you? (Spouse or Partner, child, parent or other (please specify)? |  |
| --- | --- |
| What Date did they start the quarantine? |  |
| What is the estimated quarantine end date? |  |
| Please Describe the instructions given to them to self-quarantine |  |

1. Have you filed any other following claims (check any or all that apply):?

| Short Term Disability |  |
| --- | --- |
| Family Medical Leave Act |  |
| Sick Pay Claim |  |

**Please provide supporting documentation if available. We reserve the right to request supporting documentation for your absence at a later date.**