

## Requested Leave under the American Rescue Plan Act of 2021

I, \_\_\_\_\_, request leave under the ARPA and certify here that I am unable to work (or unable to telework) for the following reason (initial next to reason):

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 related to COVID-19  
(Provide Document from HealthCare Provider)

3. \_\_\_\_\_ I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

Healthcare Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

4. \_\_\_\_\_ I am caring for an individual subject to an order described in (1) or self-quarantined 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 getting a COVID-19 vaccine (will be paid a maximum of 3 hours).

7. \_\_\_\_\_ I am recovering from adverse reactions to the vaccine.

8. \_\_\_\_\_ I am awaiting the results of a COVID diagnosis or test after having close contact with a person with COVID-19 or at my employer's request.

According to the ARPA, I am afforded up to 80 hours of paid sick leave (for full time employees) at my regular rate of pay beginning April 1, 2021.

**NOTE: The expanded benefits under the ARPA begin April 1, 2021 and currently expire on September 30, 2021. Any paid sick leave under the ARPA will, under the current law, cease after that time.**

I certify that I am unable to work (or unable to telework) per the reason initialed above and will provide the necessary documentation to support such reason as required.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Request