**[Please Note, that this form does not constitute legal advice or counsel and is a template for your dealership. You should review this document and make changes based on your individual practices. Further, consult with your counsel to determine the best course of action for your dealership.]**

*Employees requesting either Emergency Paid Sick Leave or Emergency Family and Medical Leave must complete this form and return to [INSERT COMPANY CONTACT] as soon as practicable. Consult the Company’s Emergency Paid Sick Leave Policy and Emergency FMLA Policy for more information regarding your entitlement to emergency leave. Additional documentation may be required before leave is approved.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Name** |  | **Date** |  | **Dept/Mgr** |

**REASON FOR LEAVE:**

**EMERGENCY PAID SICK LEAVE AND UNABLE TO WORK OR TELEWORK (work from home):**

*Select reason below:*

|  |  |
| --- | --- |
|  | I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. |
|  | I have been advised by a health-care provider to self-quarantine due to concerns related to COVID-19. |
|  | I am experiencing COVID-19 symptoms and seeking a medical diagnosis. |
|  | I am caring for my child whose school or child-care provider is closed/unavailable due to concerns related to COVID-19. |
|  | I am caring for an individuals who is subject to a 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 due to concerns related to COVID-19. |
|  | I am experiencing “any other substantially similar condition” specified by the U.S. Department of Health and Human Services. |

|  |  |  |  |
| --- | --- | --- | --- |
| **LENGTH OF LEAVE: from date:** |  | **to date** |  |

**ELECTION TO USE OTHER AVAILABLE LEAVE:** *you may elect to use other accrued, paid time off (e.g., sick leave, PTO, vacation) to cover any of the above reasons before using Emergency Paid Sick Leave, to the extent such time is available for the reasons you have identified:*

|  |  |
| --- | --- |
|  | I elect to use Emergency Paid Sick Leave for the reason selected above. |
|  | I elected to use other available accrued paid leave to cover all or a portion of leave for the reason described above. |

|  |  |  |
| --- | --- | --- |
| ***Circle One: [PTO, Vacation, Personal Days, Sick Leave]*** | **Hours:** |  |

**EMERGENCY FAMILY AND MEDICAL LEAVE:**

|  |  |
| --- | --- |
|  | **Emergency Family and Medical Leave:** I am unable to work or telework because I am personally caring for my child (under 18) because my child’s school or childcare provider is closed/unavailable due to the COVID-19 public health emergency. |

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| --- | --- | --- | --- |
| **LENGTH OF LEAVE: from date:** |  | **to date** |  |

|  |  |
| --- | --- |
| **NAME OF SCHOOL OR CHILDCARE PROVIDER CLOSED/UNAVAILABLE:** |  |

**ELECTION TO USE OTHER AVAILABLE LEAVE:**

|  |  |
| --- | --- |
|  | During the first 10 days of Leave, I elect to use other available or accrued paid leave (identify below). |
|  | I elect to use other accrued paid leave to supplement my 2/3 pay. |

|  |  |  |
| --- | --- | --- |
| ***Circle One: [PTO, Vacation, Personal Days, Sick Leave]*** | **Hours:** |  |

**BY SIGNING BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT MAY RESULT IN DISCIPLINARY ACTION, INCLUDING TERMINATION OF EMPLOYMENT.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Print Full Name** |  | **Signature** |  | **Date** |