

Employee Request for Use of Sick Time

Families First Coronavirus Response Act

I, _____ (print or type name), request paid sick time leave due to the following reason(s) checked 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 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-quarantined as described in (2);
5. ___ I am caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; or
6. ___ I am experiencing other substantially similar condition(s) specified by the Secretary of Health and Human Services, in consultation with the secretaries of Labor and Treasury.

I would like to use COVID-19 (FFCRA) sick time in the amount of _____ hours on the following date(s) _____.

OR

Employee Request for Use of Sick Time Under Massachusetts Earned Sick time Law (MGL c 149 148C,)

I would like to use Massachusetts Earned Sick Time in the amount of _____ hours and _____ minutes on the following date(s): _____.

Date Signed

Employee Signature

Employee Name