



## evergreen

### Human Resource Services

#### COVID-19 Paid Sick Leave and COVID-19 FMLA - Employee Verification form

**Instructions:** To request Emergency federal family and medical leave and/or Emergency federal paid sick leave under the provisions of the federal “Families First Coronavirus Response Act” (FFCRA), complete this form and email it to Evergreen’s HR Medical email address [hrmedical@evergreen.edu](mailto:hrmedical@evergreen.edu), fax to (360) 867-6823, or mail to Human Resource Services L3102, 2700 Evergreen Parkway NW, Olympia, WA 98505. Persons of disability requesting accommodation in completing this form are asked to contact Human Resource Services for assistance at (360) 867-5361 or [hrmedical@evergreen.edu](mailto:hrmedical@evergreen.edu).

***I, the undersigned employee, hereby verify that I am requesting leave identified below. Please check all boxes that apply on all pages of this form.***

Printed Name of Employee: \_\_\_\_\_

I am requesting leave as identified below. Please check all that apply.

- Emergency federal family and medical leave
- Emergency federal paid sick leave

I am requesting leave for the following dates \_\_\_\_\_ through \_\_\_\_\_ for the reasons listed below. Please check all that apply.

**1. Isolation/Quarantine due to Federal, State or Local Order**

- My supervisor has confirmed I cannot work at my regular worksite because my work does not qualify as essential business under the Governor’s Stay Home-Stay Healthy Proclamation.
- A copy of the Governor’s Stay Home-Stay Healthy Proclamation is attached.
- My supervisor has confirmed there are no duties I can perform remotely or by telework.

**2. Isolation/Quarantine by Health Care Provider**

- I have been advised by a health care provider, print name of health care provider: \_\_\_\_\_, to self-quarantine due to concerns related to COVID-19 and I am unable to work as a result.
- Written documentation from the health care provider advising me to self-quarantine due to concerns related to COVID-19 is attached.
- My supervisor has confirmed there is no telework option available for me.

**3. Caring for an Individual in Isolation/Quarantine by Health Care Provider**

- I am caring for an individual who has been advised by a health care provider, print name of health care provider: \_\_\_\_\_, to self-quarantine due to concerns related to COVID-19 and as a result I am unable to work.
- Written documentation from the health care provider advising the individual to self-quarantine due to concerns related to COVID-19 is attached.
- My supervisor and I have discussed my telework abilities and have agreed to a reduced telework schedule so I can care for the individual in quarantine/isolation.
- My supervisor has confirmed there is no telework option available for me.

**4. COVID-19 Symptoms and Diagnosis**

- I am experiencing COVID-19 symptoms and seeking a medical diagnosis and as a result I am unable to work.
- My supervisor and I have discussed my telework abilities and have agreed to a reduced telework schedule so I can care for myself.
- My supervisor has confirmed there is no telework option available for me.

**5. Caring for an Individual in Isolation/Quarantine due to Federal, State or Local Order**

- I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19 and as a result I am unable to work.
- A copy of the Governor’s Stay Home-Stay Healthy Proclamation is attached.
- My supervisor and I have discussed my telework abilities and have agreed to a reduced telework schedule so I can care for the individual in quarantine/isolation.
- My supervisor has confirmed there is no telework option available for me.

**6. School/Child Care Closure**

- My minor child’s school, place of care, or child care provider is unavailable due to COVID-19 and I am unable to work as a result.
- Written notice from my child’s school, place of care, or child care provider documenting the closure or unavailability due to COVID-19 is attached. (Notice can be in the form of a letter or email to you from an employee or official of the school, place of care or child care provider; a copy of a posting on a government, school, or day care website; or a copy of a publication about the closure in a newspaper.)
- No other suitable person can provide care for my child during this period of time.
- My supervisor and I have discussed my telework options and have agreed to a reduced telework schedule due to my need to provide care for my minor child.
- My supervisor and I have discussed my telework options and have agreed that there are no telework options available for me.

I declare under penalty of perjury under the laws of state of Washington the foregoing is true and correct.

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020 at \_\_\_\_\_, Washington.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

NOTICE: Any misrepresentations provided as a basis for this request will be a basis for disciplinary action.