

City of Palm Bay

COVID-19 2.0 EMERGENCY PAID SICK LEAVE ELECTION FORM

Name: _____ (please print)

Date: _____

I elect to take emergency paid sick leave from _____ until _____ (maximum of two weeks) because I am unable to work, **including telework**, for the following reason(s), checking all that apply to me:

- ☐ (1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. (Up to 80 hours of City-paid sick leave)
- ☐ (2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (Up to 80 hours of City-paid sick leave)
- ☐ (3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Up to 80 hours of City-paid sick leave)
- ☐ (4) I am caring for an individual who is subject to an order as described in (1) or has been advised as described in (2). (Up to 80 hours of City-paid sick leave at 2/3 the employee's regular rate of pay) *
- ☐ (5) I am caring for my son or daughter because his/her school or place of care has been closed, or his/her childcare provider is unavailable, due to COVID-19 precautions. (Up to 12 weeks of paid sick leave and expanded family and medical leave at 2/3 the employee's regular rate of pay; request the initial 2 weeks on this form; use the EXPANDED FAMILY AND MEDICAL LEAVE ACT FORM to request coverage for additional time.) *
- ☐ (6)

Required documentation supporting eligibility includes:

- The source of any quarantine or isolation order, or the name of the health care provider who has advised you to self-quarantine. For example, this documentation may include a copy of the Federal, State or local quarantine or isolation order related to COVID-19 applicable to you.
- Written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19.
- Notice of closure or unavailability from the employee's child's school, place of care, or childcare provider, including a notice that may have been posted on a government, school, or day care website; published in a newspaper; or emailed to the employee from an employee or official of the school, place of care, or child care provider.

I have provided the required documentation in support of my reason for this paid sick leave, examples of which are contained in City of Palm Bay's **COVID-19 2.0 EMERGENCY PAID SICK LEAVE POLICY**.

This paid sick leave shall cease beginning with my scheduled work shift immediately following the termination of the need for paid sick time identified above.

If I wish to change these elections or have any questions, I will notify the Human Resources Department at: 321.952.3421 as soon as practicable.

Employee signature: _____

For items # 4 - 5, please select one of the following options:

_____ I choose to use my available accruals to supplement the EPSL

_____ I choose not to use my available accruals to supplement the EPSL