



Macomb County

Employee Request for COVIDFed Emergency Paid Sick Leave (FFCRA)

Scan and/or email to: human.resources@macombgov.org

Section I- Employee Data

Name: _____ Employee ID: _____
Department: _____ Supervisor: _____
 Part Time

Section II- Request Information:

Start Date: _____ End Date: _____

The amount of COVIDFed time being requested is _____ work day(s).

The reason for this COVIDFed Emergency Paid Sick Leave (FFCRA) request is (check the appropriate reason below and *attach supporting documentation*):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19 (currently unavailable to Macomb County Employees).
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions. Complete (*) section below:

*I am electing to use paid time off hours as indicated below during the first two weeks of my #5 COVIDFed request:
(1 week minimum for requests related to reason 5)

PTO _____ Sick Leave _____ Comp Time _____ COVID-19 _____ COVIDFed _____

- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Employee Signature

Date

Section III - HRLR

Supporting Documentation Verified

Human Resources and Labor Relations Signature

Date

Comments: _____
