



BURNETT COUNTY
ADMINISTRATION AND HUMAN RESOURCES
Burnett County Government Center
7410 County Road K, #116
Siren, WI 54872

EMERGENCY PAID SICK LEAVE ACT & EMERGENCY FAMILY MEDICAL LEAVE ACT REQUEST FORM

Refer to Burnett County's Federal Emergency Leave email notice dated March 31, 2020 for more information.

Burnett County requires all EPSLA & EFMLA leave requests to be made using this form. Forms must be accompanied by substantiation documentation to support the requested leave.

Once complete, submit the form to the Human Resources department, which will review and process your request within five business days. Incomplete forms will not be processed. You will be notified in writing if your request is incomplete, what is required to complete it, and the deadline to do so.

Employee Information

Employee name:

Leave request submission date:

Date of hire:

Leave start date:

Position and department:

Anticipated duration of leave:

Written statement that the employee is unable to work because of the qualified reason for leave:

Reason for Leave

Select the reason for requested leave. All leave requests require documentation to validate the request for leave as required by the Department of Labor. Examples of valid substantiation are highlighted after each Reason for Leave.

_____ (1) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19. [Copy of the quarantine or isolation order. State "stay home" orders do not qualify as isolation orders.](#)

_____ (2) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. [Provider written recommendation to quarantine.](#)

Name of health care provider: _____

_____ (3) The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis. [Provider written recommendation to quarantine.](#)

Name of health care provider: _____

_____ (4) The employee is caring for an individual who is subject to an order as described in (1) or has been advised as described in (2). [Provider written recommendation to quarantine.](#)

Name of cared for individual: _____

Relationship: _____

_____ The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. [Provider written recommendation to quarantine.](#)

_____ The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID–19 precautions. [Copy of a public notice regarding shut-down, communication from school or child-care facility, notice in the newspaper.](#)

Name of child(ren): _____

Name of school, place of care or child care provider that has closed or become unavailable:

*I certify that no other suitable person will be available to care for my child(ren) during my use of this Emergency Paid Sick Leave/Expanded Family & Medical Leave: _____

Employee Signature

Acknowledgment and Signature

I acknowledge that I have read this request form and accurately completed it. My Signature on this form is an acknowledgement that I am unable to work due to the Reason for Leave indicated. Providing false or misleading information regarding the need for paid sick leave will be grounds for corrective action, up to and including termination of employment.

Employee Signature

Date

We have reviewed your request for leave under the Emergency Paid Sick Leave received on _____ and decided:

_____ **Your emergency paid sick leave request is approved.**

_____ **Your emergency paid sick leave request is denied, for the following reason:**

_____ Your leave request does not meet the criteria for one of the four reasons noted above.

_____ Your leave request is incomplete.

Employer Representative Signature

Date