Emergency Paid Sick Leave Act

Request Form

Lamar State College Orange

Date: ________________________________________________________________________________

Name: ________________________________________________________________________________

Title/Department: _________________________________________________________________________

Reason for request (Select only one):

☐ Self-Quarantine - Two Weeks (up to 80 hours) of paid sick leave at employee’s regular rate of pay where employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider)

☐ Care for an Individual - Two Weeks (up to 80 hours) of paid sick leave at two-thirds the employee’s regular rate of pay because the employee is:

• unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or
• to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

Please supply the following documentation to your supervisor:

Self-Quarantine: Please provide some type of doctor’s excuse, if available. This is not required.

Care for an individual: For a quarantined individual, please provide some type of doctor’s excuse, if available. For Child Care, please provide a posting, notice, or some other type of formal note from the school/child care provider stating the closure.

Employee Signature: _________________________________ Date: _________________

Supervisor Signature: _________________________________ Date: _________________

Retain a copy of this form in your departmental files and forward a copy, along with any supporting documents, to Human Resources.