|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Texas State ID#: | |  |

**Instructions:** Please select the box next to the one reason for your application for Emergency Paid Sick Leave and complete all requested information within your selection. Sign, date, and attach to your request in the SAP Portal.

1. **I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (does not include Stay-at-Home or Shelter-in-Place orders)**

|  |  |
| --- | --- |
| Name of the government agency: |  |

1. **I have been advised by a health care professional to self-quarantine related to COVID-19**

|  |  |
| --- | --- |
| Name of the health care professional: |  |

1. **I am experiencing COVID-19 symptoms and seeking a medical diagnosis**

|  |  |
| --- | --- |
| Name of the health care professional: |  |

1. **I am caring for an individual subject to an order described in (1) or (2) above**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the health care professional: | | |  | |
| Name of the individual I am caring for: | | | |  |
| Relationship of the individual to me: | |  | | |
|  | I certify that I am the only suitable person expected to provide care for this individual during my Emergency Paid Sick Leave time. | | | |
| *Initials* |  | | | |

1. **I need to care for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons due to COVID-19**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Names and ages of children I must care for: | | | | *Example: Bobbie Bobcat (6) & Daffy Duck (4)* | | | |
| Names of each unavailable school or childcare provider: | | |  | | | | |
| I am requesting **intermittent** leave as follows: | | | | | | | |
| *Example, if someone can care for your child M/W/F and you only need Emergency Paid Sick Leave on T/TH enter the following:* | | | | | | | |
| **Monday** | | **Tuesday** | | | **Wednesday** | **Thursday** | **Friday** |
|  | | *Example: 8 hrs* | | |  | *Example: 8 hrs* |  |
|  | I certify that I am the only suitable person expected to provide care for this individual during my Emergency Paid Sick Leave time. | | | | | | |
| *Initials* |  | | | | | | |
|  | If my children are older than 14, I certify I am unable to work or telework during daylight hours because special circumstances exist requiring me to provide care for them. | | | | | | |
| *Initials* |  | | | | | | |

1. **I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |