

MARSHALL MUNICIPAL UTILITIES

EMERGENCY PAID SICK LEAVE REQUEST

To request emergency paid sick leave as provided under MMU’s Emergency Paid Sick Leave Policy (COVID-19), complete the following request form and submit to your Director/Superintendent or the HR Manager as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

ATTENTION!

- 1) This form must be completed in its entirety.**
- 2) Documentation supporting the need for leave must be included with this request.**
- 3) Failure to provide all requested information may result in denial of your leave request.**

Employee Name (print clearly): _____

Requested Leave Start Date: _____ End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

I am requesting this emergency paid sick leave due to my inability to work (or telework/remote work) because (check the appropriate reason below):

- 1) I have been diagnosed with COVID-19 or I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 2) I am obtaining a COVID-19 vaccination.
- 3) I am recovering from an illness related to receiving the COVID-19 vaccine.

I have attached appropriate documentation supporting my need for leave.

Employee Signature: _____ Date: _____

Director/Superintendent: _____ Date: _____

HR Manager: _____ Date: _____