



EMPLOYEE REQUEST FOR EMERGENCY FMLA LEAVE AND/OR PAID SICK LEAVE

**This form should be filled out and submitted to Human Resources in advance when possible; otherwise as soon as medical or related issue is known.

Employee Name: _____

Position: _____

I hereby request Emergency FMLA leave from _____ to _____

Have you worked for Mid Michigan College for at least 30 days? Yes No

Are you unable to attend work or perform remote work due to any of the following situations?
(Check which one applies)

1) You have been ordered by the government to quarantine or isolate because of COVID-19.

2) You have been advised by a health care provider to self-quarantine because of COVID-19.

3) You have symptoms of COVID-19 and are seeking a medical diagnosis.

4) Caring for someone who is subject to a government quarantine or isolation order or has been advised by a health care provider to quarantine or self-isolate.

5) Needing to care for a son or daughter whose school or child care service is closed due to COVID-19 precautions.

6) You are experiencing substantially similar conditions as specified by the secretary of health and human services, in consultation with the secretaries of labor and treasury.

Employee Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____