



EMERGENCY FAMILY LEAVE ACT REQUEST FORM

DATE: _____

EMPLOYEE NAME: _____

Department: _____

Position: _____

Reason for request:

- ☐ the employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19
- ☐ the employee has been advised by a health care provider to self-quarantine because of COVID-19
- ☐ the employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis
- ☐ the employee is caring for an individual subject or advised to quarantine or isolation
- ☐ the employee is caring for a son or daughter whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions; or
- ☐ the employee is 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: _____

Please submit form to HR via Fax (208) 265-1457 or email hr@bonnercountyid.gov.