



**COOK COUNTY BUREAU OF HUMAN RESOURCES
EMERGENCY PAID SICK LEAVE REQUEST FORM
(Extended)
(Personnel Rules Addendum)**

Employee Name (Last, First, MI): _____

Employee ID #: _____ Position Title _____

Department Name: _____ Supervisor Name: _____

Absence Start Date: _____ Absence End Date: _____

Employees may request Emergency Paid Sick Leave for specific reasons related to COVID-19 from April 1, 2021 through September 30, 2021.

Refer to the Revised Personnel Rules Addendum, effective April 1, 2021, for updated information.

Eligibility for Emergency Paid Sick Leave

- A full-time or part-time employee who is unable to work or telecommute and I am requesting sick leave for the following reasons:
- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
 - Name of the governmental entity ordering the quarantine/isolation: _____
 - I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19;
 - Name of the Healthcare professional advising self-quarantine/isolation: _____
 - I am experiencing COVID-19 symptoms and seeking medical diagnosis;
 - I am seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19 and I have been exposed to COVID-19 or the County has requested a COVID-19 test or diagnosis;
 - I am obtaining a COVID-19 vaccination
 - Date of vaccination appointment _____
 - I am recovering from any injury, disability, illness or condition related to such COVID-19 vaccination;
 - I am caring for an individual described in Rule 6.2 (k), (i) or (ii) of the Revised Personnel Rule Addendum;
 - Name of the person that you are caring for _____
 - I am an employee who is unable to work or telecommute and need to care for a child whose:
 - School or place of care has been closed or the child's care provider is unavailable due to COVID-19 precautions.
 - The child is my biological, adopted, foster, stepchild or legal ward, or a child I am standing in loco parentis who is either under 18 years of age and/or
 - A child is older than 18 and incapable of self-care due to a mental or physical disability as defined under the Americans with Disabilities Act, 42 U.S.C. § 12101, *et seq.*, for whom I have actual day-to-day responsibility for care. Under the IRS interpretation, children over the age of 14 that fall under this category must provide the special circumstances that surrounds a child of that age requiring childcare must be explained in accordance to the IRS interpretation. Explain the "special circumstances" in the comment area below).
 - I am experiencing substantially similar conditions as specified by the Secretary of Health and Human Services.

- I have attached the required documentation for unavailability of childcare or school closing. Examples of documents include, but are not limited to, notice of closure or unavailability from your child's school, place of care, or childcare provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or childcare provider.
- LAM** an employee considered to be a health care provider or first responder as defined by the Personnel Rules Addendum, effective 4/1/2021.
- I am NOT** an employee considered to be a health care provider or first responder as defined by the Personnel Rules Addendum, effective 4/1/2021.

Child or Children's Name(s):

Name of Child	Age of Child	Name of School or Care Provider that is closed or unavailable	Address of such School or Care Provider

School or Childcare Documentation for each child named above attached: _____

IRS Special Circumstances Requirement: If any of the children are over 14, please provide an explanation of the "special circumstances" that requires the child to need special care:

- I will be the only person taking care of the child during the period for which I am receiving leave.

The sick leave is available from day one of employment and the employee is not required to use accrued time prior to use of emergency paid sick leave.

I am requesting: ___ Continuous Emergency Paid Sick Leave ___ Intermittent Emergency Paid Sick Leave

If requesting an intermittent leave complete below:

Frequency _____ times per _____ weeks/months Duration _____ hours/day(s) per week (*circle one*)

Note: Leave may only be taken intermittently to obtain a COVID-19 vaccination or to care for a child whose school or place of care is closed, or the child's care provider is unavailable due to COVID-19 precautions.

By my signature, I certify that the information provided in this Form is true, correct and complete to the best of my knowledge. Further, I acknowledge that falsification or misrepresentation of information provided in this form will be a violation of Personnel Rules 8.2(b)(18) and 8.2(b)(33) and may lead to discipline, up to and including, discharge.

Employee's Signature

Date

For Department Use Only

Approve	Deny (add comments below)	Other (add comments below)
Department Head Name	Signature	Date
Comments:		

Please complete and send this form to your department Timekeeper

Emergency Paid Sick Leave Information
See the Personnel Rules Addendum for further detail

Calculation of Emergency Paid Sick Leave

While the County, at its discretion, will continue its practice to pay employees in accordance with provisions of the April 1, 2021 Personnel Rules Addendum, it nevertheless reserves the right to, at its discretion, pay employees in accordance with the Act as follows:

- Any full-time employee who meets the requirements of Rule 6.2 (k), Sections (i), (ii), (iii), (iv), (v) or (vi) is eligible to receive up to 80 hours of emergency paid sick leave at their regular rate of pay, not to exceed \$511 per day or \$5,110 in total over a two-week period. Eligible part-time employees will receive an amount equal to the average number of hours they work over a two-week period.
- Any full-time employee who meets the requirements of Rule 6.2 (k), Sections (vii), (viii) or (ix) is eligible to receive up to 80 hours of emergency paid sick leave at a rate of two thirds (2/3) of their regular rate of pay, not to exceed \$200 per day or \$2,000 in total over a two-week period. Eligible part-time employees will receive an amount equal to the average number of hours they work over a two-week period.

Employee Notice Requirements

- Eligible employees should provide notice of absence as soon as possible.
- In order to be paid for the sick leave under reason (viii), employees are required to provide documentation. Examples include, but are not limited to, notice of suspension, closure or discontinuation of school, childcare services, that may have been posted on a school or day care website or an email from a school, place of care or childcare provider.