



## **EMPLOYEE PAID LEAVE REQUEST FORM**

Under the MA COVID-19 Temporary Emergency Paid Sick Leave Program

Employee **MUST** complete, sign and return this form and email to [timesheets@footbridgecompany.com](mailto:timesheets@footbridgecompany.com) in order to be paid.

Please also call you direct supervisor and your FootBridge Recruiter to provide notice of your time off.

I, \_\_\_\_\_ (Employee Name), attest that I have read the MA COVID notice provided and am requesting paid leave for the time period and reason noted below:

- 1) To take care of themselves or get medical treatment due to a COVID-19 diagnosis or symptoms, or to get or recover from a COVID-19 immunization;
- 2) To quarantine as required by a local, state, or federal public official, a health authority having jurisdiction, or a health care provider
- 3) Covered family members are an employee's spouse, domestic partner, child, parent, grandchild, grandparent, or sibling, a parent of the employee's spouse or domestic partner, or a person who stood in loco parentis to the employee when the employee was a minor child

	<b>Date</b>	<b>Number of Hours</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Today's Date**