

City of Pittsburgh Emergency COVID -19 Leave Request Form



The COVID-19 Emergency Sick Leave Act is a temporary ordinance signed into law on December 9, 2020, and extended through July 2022. It is intended to provide for up to 80 hours of paid time off for employees who have been specifically impacted by COVID-19.

ELIGIBILITY: With the expiration of the Federal Rescue Plan Act on September 30, 2021, Pittsburgh's COVID-19 Emergency Paid Sick Leave extends the expiration of benefits to July 27, 2022. The city's ordinance does NOT require a new allotment of 80 hours (10 days) of paid sick time. Rather any un-used Emergency Paid Sick Leave since April 1, 2021 will be extended to eligible full-time employees until July 27, 2022. Eligible part-time employees are entitled to the number of hours worked, on average, over a two-week period.

INSTRUCTIONS FOR TAKING COVID-19 Emergency Sick LEAVE: Please check only one box for the reason you are applying for leave. Send your completed form including required documentation, or any questions to covid19@greatlakesresearch.com. If you need to request leave for multiple reasons, you will need to submit a separate request.

QUALIFYING REASONS

- ☐ 1. You are subject to Federal, State, or local quarantine or isolation order related to COVID-19.
Name of government entity issuing order (required): _____
- ☐ 2. You are advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
Name of advising healthcare professional (required): _____
- ☐ 3. You are experiencing symptoms of COVID-19 and seeking medical diagnosis. **No documentation is required.**
- ☐ 4. The employee is seeking or awaiting the results of a diagnostic test or a medical diagnosis of COVID-19, the employee has been exposed to COVID-19 or the employer has requested the test or diagnosis.
- ☐ 5. The employee is obtaining a COVID-19 immunization.
- ☐ 6. The employee is recovering from any injury, disability, illness or condition related to a COVID-19 immunization.
- ☐ 7. You are caring for an individual who is subject to a Federal, State, or local quarantine or isolation order or has been advised by a healthcare provider to self-quarantine related to COVID-19. **Name of government entity issuing order OR advising healthcare professional (required):** _____

Name of individual subject to order: _____ Relationship: _____

Please state in your own words the reason for this leave request and why you are unable to work/telework (required):

Leave Start:

Leave End:

Employee Name:

Employee Signature:

Date:

Timesheet Directions: You will be responsible for entering and designating any time taken off for City of Pittsburgh Emergency Covid-19 reasons on your time sheet, please choose PGHCOV from the drop-down menu on your timesheet for any time taken off for this reason. Please note, that your balances will NOT appear or calculate accurately on your timesheet until your leave has been **approved by human resources and your timesheet has been approved by payroll.**

Human Resources Use Only

Employee employed for 30 days? ☐ Yes ☐ No

Supporting documentation? ☐ Yes ☐ No

Employee has available FMLA? ☐ Yes ☐ No

Employee Eligible? ☐ Yes ☐ No

☐ **Approve** ☐ **Deny**

Approved for (Covid 19 Reason #): _____

Approved by: _____ Date: _____