



[Use this form to notify your employer of the need for COVID-19 paid sick leave]

Notice to My Employer

Date: _____, 2020

I, _____ (name of employee) am unable to work at this time because [check one or both boxes]:

- I am currently experiencing COVID-19 symptoms.
- I was tested for COVID-19 by Austin Public Health on _____ and am waiting for the test results.

This letter is my request for paid sick leave time under the federal law known as The Families First Coronavirus Relief Act. I understand this is a new federal law that gives workers the right to paid sick leave if they are unable to work while seeking COVID-19 testing, experiencing COVID-19 symptoms and awaiting COVID-19 test results, or ill with COVID-19.

I am told that businesses that give their employees paid sick leave under this law can be reimbursed for the costs through a federal tax credit. More information about this law can be found here: <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>

I am aware that this law protects me from any type of retaliation because I have requested or used paid sick leave time if I am unable to work for COVID-19 reasons.

To the maximum extent I am eligible, I am requesting the paid sick leave time allowed to me by this law. Current Austin/ Travis County health guidelines require that I stay home at least ten days following the onset of COVID-19 symptoms and one day after my fever resolves. For now, I request paid sick time for the ten days following the date of this letter.

If I am able to come back to work sooner because my test results come back negative and/or my COVID19 symptoms go away, I will let you know.

Employee Signature

Date

