

# EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

<http://www.escnj.us>

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## Request for leave of absence under the Federal Families First Coronavirus Response Act

**Date:**

**Name:**

**Position:**

**Program:**

### **FEDERAL EMERGENCY PAID SICK LEAVE ACT**

Please select the appropriate reason for the request below. Documentation should be provided at the time of the request.

**REASON:**

1. Subject to Federal/State/Local COVID-19 Quarantine or Isolation Order:\_\_\_\_\_;
2. Caring for Individual Subject to Federal/State/Local COVID-19 Quarantine or Isolation Order:\_\_\_\_\_;
3. Advised by Health Care Provider to Self-Quarantine Due to COVID-19 Concerns:\_\_\_\_\_;
4. Experiencing COVID-19 Symptoms and Seeking Diagnosis:\_\_\_\_\_;
5. Caring For Child While School/Care Center Closed or Care Provider N/A for COVID-19 Precautions:\_\_\_\_\_; and/or
6. Experiencing substantially similar condition specified by USDOHHS:\_\_\_\_\_;  
AND/OR

DATES: FROM:\_\_\_\_\_ TO:\_\_\_\_\_ TOTAL # OF HOURS/DAYS\_\_\_\_\_

Signature of Staff Member:\_\_\_\_\_

Signature of Program Administrator:\_\_\_\_\_

*For HR Office use only* \_\_\_\_\_

*Received:* \_\_\_\_\_ *Adjusted:* \_\_\_\_\_ *Stored:* \_\_\_\_\_