



# CDI CONTRACTORS

## COVID-19 EMERGENCY LEAVE REQUEST FORM

I request to be placed on an Emergency Leave based on the below certification in accordance with the Families First Coronavirus Response Act (effective April 1, 2020 to December 31, 2020).

<b>Name:</b>	
<b>Requested Leave Start Date:</b>	
<b>Anticipated Return Date:</b>	

### **Emergency Leave**

All current employees of CDI Contractors, LLC. ("Company") are eligible for up to two weeks (80 hours, or a part-time employee's two-week equivalent) of Emergency Leave for any of the Reasons for Leave set out below (paid at 2/3 of your regular rate for reasons 4-6). Employees who have been on the Company's payroll for at least 30 days prior to the date leave is scheduled to begin are eligible for up to an additional 10 weeks of Emergency Leave paid at 2/3 of your regular rate for reason 5 below. Emergency Leave is available only if an employee is unable to work or telework due to one of the Reasons for Leave below. For additional information, please refer to the Company's COVID-19 Emergency Leave Policy.

### Reasons for Leave

**Please select the reason(s) below that you are unable to work or telework:**

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- 3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis
- 4. I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19, or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- 5. I am caring for a son or daughter whose school, place of care or child care provider is unavailable, due to COVID-19 related reasons
- 6. I am experiencing another substantially similar condition as specified by the Secretary of Health and Human Services



**Documentation to Support Need for Emergency Leave**

I understand that I must provide appropriate documentation and/or information to support the Reason(s) for Leave identified above. Documentation may include:

- The source of any government quarantine or isolation order related to COVID-19;
- Documentation from a health care provider advising me to self-quarantine due to concerns related to COVID-19;
- Documentation demonstrating that I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis;
- Documentation establishing that I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation orders related to COVID-19 or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-or
- The notice of closure or unavailability from my child’s school, place of care or child care provider.

I understand that after the first day of Emergency Leave, I must follow call-out procedures during leave as established by the Employer which will require a call-out to your Supervisor and Tyler Haase 417-499-3835 by 9:30 AM every Monday for time entry.

**Employee Certification and Authorization:**

I, \_\_\_\_\_, request Emergency Leave in accordance with the Families First Coronavirus Response Act for the reason(s) selected above. I certify that I am unable to work or telework due to the Reason(s) for Leave I have identified on this form.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVAL**

**Manager or HR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_