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