

# WISCONSIN STATE LEGISLATURE

## COVID-19 PAID SICK LEAVE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

I am applying for:

**COVID-19 PAID SICK LEAVE (SELF)\*** (*Pay Rate: Employee's regular pay rate, subject to salary cap*)

**Please briefly state the reason for the leave:**

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**COVID-19 PAID SICK LEAVE (FAMILY/CHILDCARE)\*** (*Pay Rate: Two-thirds of employee's regular pay rate, subject to salary cap*)

**Please briefly state the reason for the leave:**

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\*Employees may not use more than 80 total hours of COVID-19 Sick Leave (Self) and/or COVID-19 paid Sick Leave (Family/Childcare). Part-time employees will receive prorated leave hours.

Please list all dates/hour(s) you will be utilizing the leave checked above (if you will be using a combination of the two leaves above, please also specify the leave type for each date/hour(s) listed):

\_\_\_\_\_

\_\_\_\_\_

# WISCONSIN STATE LEGISLATURE

## COVID-19 PAID SICK LEAVE FORM

Employee  
Signature & Date

(NOTE: Electronic signatures will be accepted, as necessary)