State of Hawai`i Department of Human Resources Development Public Health Emergency Leave Request

Department:	Emplo	/ee	Name:			
I Reason for Leave I am unable to work (or telework) for the following reason: □ I need to care for my son or daughter under age 18 because my child's elementary or secondary school has been closed due to a public health emergency. (Attach documentation) □ I need to care for my son or daughter under age 18 because my child's place of care has been closed due to a public health emergency. (Attach documentation) □ I need to care for my son or daughter under age 18 because the child care provider for my son or daughter is unavailable due to a public health emergency. (Attach documentation) 2. OPTIONAL: For the first ten (10) days of leave, I would like to substitute the following paid leave for the unpaid leave: □ Emergency Paid Sick Leave at 2/3 pay	Depart	mer	nt:			
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Supervisor's Signature Date		-	Employee's Signature	Print Name	Date	
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Date

Departmental Human Resources Officer