State of Hawai`i Department of Human Resources Development Emergency Paid Sick Leave Request

Employ	/ee l	Name:			
Depart	men	t:			
Period	of L	eave:			
1.	Reason for Leave				
	l a	I am unable to work (or telework) for the following reason:			
		regular pay capped at \$511 per de I have been advised by a health of COVID-19 (full regular pay cappe I am experiencing symptoms of Cocapped at \$511 per day). I am caring for an individual who is to self-quarantine as described in capped at \$200 per day). I am caring for my son or daughter child care provider is unavailable, thirds (2/3) of the employee's regular mexperiencing another substation.	care provider to self-quarantine due to cold at \$511 per day). COVID-19 and seeking a medical diagnosis subject to an order as described in 1 1.B (two-thirds (2/3) of the employee's er whose school or place of care has be due to COVID-19 precautions. (Attachular rate of pay, capped at \$200 per day ntially similar condition specified by the	oncerns related to usis (full regular pay) A. or has been advised regular rate of pay, en closed, or whose documentation) (two-	
2.		Human Services (two-thirds (2/3) of the employee's regular rate of pay, capped at \$200 per day). OPTIONAL: I would like to use the following paid leave to cover any remaining amount necessary to ensure 100% pay: □ Sick Leave			
		Vacation Leave			
	□ If s				
	and		Leave 32 hrs, Vacation Leave 32 hrs, C	• •	
schedu	ıled	return date indicated above or fail to	and complete. I understand that if I fail o contact my supervisor regarding my a partment may take corrective action.	•	
		Employee's Signature	Print Name	 Date	
		Supervisor's Signature	Date	-	

Date

Departmental Human Resources Officer