

# Emergency Leave Employee Request Form



## Emergency Leave Employee Request Form

Please ensure you have checked out the FAQ's on UPSers.com and that you fit the criteria for this type of request. If you are unsure, please contact your Local UPS Human Resources Representative.

Employee Information:			
Region			
District			
Employee ID			
Employee Name (First)			
Employee Name (Last)			
Employee Email Address			
Employee Cell Phone Number			
Employee Classification	Union	<input type="checkbox"/>	
	Union Free	<input type="checkbox"/>	
If Union, Local Union Number			
Employee Job Type	Full Time Management		
	Specialist or Part Time Supervisor		
	Administrative, Technical, Warehouse Employees (non-union hourly)		
	Union Hourly Employee		

### Emergency Leave Detail:

Please answer Yes/No to the following questions and provide detail where needed:

1. Are you currently working?

Yes

No

If Yes, move to the next question

If No, please answer the following question:

What was your last day worked?	
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2. Do you have the flexibility to work remotely? (Union Free Only)

Yes

No

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3. Have you been evaluated by a medical provider, public health department, or CDC?  
**Yes**   
**No**

**If No, move to the next questions**  
**If Yes, please answer the following question:**

4. Have you been diagnosed with COVID19?  
**Yes**   
**No**

**If No, move to the next question**  
**If Yes, please answer the following questions:**

Were you diagnosed by a medical provider, public health department, or CDC? Specify which one	Medical Provider	<input type="checkbox"/>
	Public Health Department	<input type="checkbox"/>
	CDC	<input type="checkbox"/>
What date were you diagnosed?		
Were you quarantined?	<b>Yes</b>	<input type="checkbox"/>
	<b>No</b>	<input type="checkbox"/>
Specify which entity placed you on quarantine	Medical Provider	<input type="checkbox"/>
	Public Health Department	<input type="checkbox"/>
	CDC	<input type="checkbox"/>
What date were you quarantined?		
Were you given an estimated quarantine end date? If so when?	<b>Yes</b>	<input type="checkbox"/>
	<i>If Yes, Provide Date</i>	<input type="text"/>
	<b>No</b>	<input type="checkbox"/>

5. Have you been tested for COVID19?  
**Yes**   
**No**

**If No, move to the next question**  
**If Yes, please answer the following questions:**

Were you tested by a medical provider, public health department, or CDC? Specify which one	Medical Provider	<input type="checkbox"/>
	Public Health Department	<input type="checkbox"/>
	CDC	<input type="checkbox"/>
What date were you tested?		
Provide the date the test results will be available, if provided to you.		

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Were you quarantined?	<b>Yes</b>	<input type="checkbox"/>
	<b>No</b>	<input type="checkbox"/>
Specify which entity placed you on quarantine	Medical Provider	<input type="checkbox"/>
	Public Health Department	<input type="checkbox"/>
	CDC	<input type="checkbox"/>
What date were you quarantined?	<input type="text"/>	
Were you given an estimated quarantine end date? If so when?	<input type="text"/>	

6. Has someone living in your household been diagnosed for COVID19?

**Yes**

**No**

**If No, move to the next question**

**If Yes, please answer the following questions:**

What is their relationship to you? Spouse or partner, parent, child or other (Please specify).	<input type="text"/>	
Were they diagnosed by a medical provider, public health department, or CDC? Specify which one	Medical Provider	<input type="checkbox"/>
	Public Health Department	<input type="checkbox"/>
	CDC	<input type="checkbox"/>
What date were they diagnosed?	<input type="text"/>	
Provide the date the test results will be available, if provided to you.	<input type="text"/>	
Were they placed on quarantined?	<b>Yes</b>	<input type="checkbox"/>
	<b>No</b>	<input type="checkbox"/>
Specify which entity placed them on quarantine	Medical Provider	<input type="checkbox"/>
	Public Health Department	<input type="checkbox"/>
	CDC	<input type="checkbox"/>
What date were they quarantined?	<input type="text"/>	
Were they given an estimated quarantine end date? If so when?	<input type="text"/>	

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7. Has someone living in your household been tested for COVID19?

Yes

No

**If No, move to the next question**

**If Yes, please answer the following questions:**

Were they tested by a medical provider, public health department, or CDC? Specify which one	Medical Provider	
	Public Health Department	
	CDC	
What date were they tested?		
Provide the date the test results will be available, if provided to them.		
Were they quarantined?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Specify which entity placed them on quarantine	Medical Provider	
	Public Health Department	
	CDC	
What date were they quarantined?		
Were you given an estimated quarantine end date?	Yes	
	<i>If Yes, Provide Date</i>	
	No	

8. Have you or a member of your household traveled in the last two weeks?

Yes

No

**If No, move to the next question**

**If Yes, please answer the following questions:**

Who from your family traveled (list here)?			
Was Travel in the US?	Yes		
	<i>If Yes, Provide State</i>		
	No		
Was Travel outside the US?	Yes		
	<i>If Yes, Provide Country</i>		
	No		
What date did you return from your travels?			

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9. Did you or a member of your household go on a cruise in the last two weeks?

Yes

No

**If No, move to the next question**

**If Yes, please answer the following questions:**

Who from your family traveled on a cruise (list here)?	
What date did you return from your cruise?	
Have you been back to work since your cruise?	Yes <input type="checkbox"/>
	<i>If Yes, Provide Date</i> <input type="text"/>
	No <input type="checkbox"/>

10. Have you received verbal or written communication instructing you to self-quarantine?

Yes

No

**If No, move to the next question**

**If Yes, please answer the following questions:**

What Date did you start the quarantine?	
What is the estimated quarantine end date?	
Please Describe the instructions given to you to self-quarantine.	

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**11.** Have you received verbal or written communication instructing someone in your household to self-quarantine?

**Yes**

**No**

**If No, move to the next question**

**If Yes, please answer the following questions:**

What is their relationship to you? (Spouse or Partner, child, parent or other (please specify)?	
What Date did they start the quarantine?	
What is the estimated quarantine end date?	
Please Describe the instructions given to them to self-quarantine	

**12.** Have you filed any other following claims (check any or all that apply):?

Short Term Disability	<input type="checkbox"/>
Family Medical Leave Act	<input type="checkbox"/>
Sick Pay Claim	<input type="checkbox"/>

**Please provide supporting documentation if available. UPS reserves the right to request supporting documentation for your absence at a later date.**