

# Emergency Leave Employee Request Form



## Emergency Leave Employee Request Form

Please ensure you have read the FAQ's on UPSers.com and that you fit the below criteria for this type of request:

- UPSers with a positive test for COVID-19
- UPSers with a member of their immediate household with positive test for COVID-19
- UPSers who are mandated to quarantine by UPS Health & Safety, a treating physician, or a public health official

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	<table><tbody><tr><td>Full Time Management</td><td></td></tr><tr><td>Specialist or Part Time Supervisor</td><td></td></tr><tr><td>Administrative, Technical, Warehouse Employees (non-union hourly)</td><td></td></tr><tr><td>Union Hourly Employee</td><td></td></tr></tbody></table>	Full Time Management		Specialist or Part Time Supervisor		Administrative, Technical, Warehouse Employees (non-union hourly)		Union Hourly Employee	
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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 ☐ [Move to Question 2](#)

No ☐ What was your last day worked?

2. Do you have the flexibility to work remotely? (Union Free Only)

Yes ☐

No ☐

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3. Have you received a confirmed diagnosis of COVID19?

Yes ☐

No ☐

**If No, move to Question 4**

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

What date were you diagnosed?	
What was your first day of absence due to your diagnosis?	
<b>To complete your request continue to Question 6</b>	

4. Has someone living in your household received a confirmed diagnosis for COVID19?

Yes ☐

No ☐

**If No, move to Question 5**

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

What is their relationship to you? Spouse or partner, parent, child or other (Please specify).	
What date were they diagnosed?	
What was your first day of absence due to their positive diagnosis?	
<b>To complete your request continue to Question 6</b>	

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5. Have you or a household family member received verbal or written communication instructing you to self-quarantine?

Yes ☐

No ☐

If No, move to Question 6

If Yes, please answer the following questions:

Please specify who provided the directions to quarantine and provide their name and phone number (if available)	
Please describe instructions that you were given If due to travel: What was the destination and the date you returned from your trip?	
What date did you start the quarantine?	
What is the estimated quarantine end date?	
To complete your request continue to Question 6	

6. Have you filed for any of the following benefits? Check all that apply

Short Term Disability	
Family Medical Leave Act	
Sick Pay Claim	

Email your completed form to [COVID19pay@ups.com](mailto:COVID19pay@ups.com).

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