

## Massachusetts COVID Emergency Paid Sick Leave Request Form

This form is for employee use only and is intended to support the administration of time off that properly qualifies for COVID Emergency Paid Sick Leave. Management will initiate the entry of the paid time, only if it is appropriately eligible for the paid time.

<b>Employee Name:</b>	
<b>Lux Employee ID:</b>	
<b>Date(s) Requested and Number of Hours:</b>	

<b>Select 1 or more</b>	<b>Reason for Request</b>
	Employee needs to self-isolate and care for oneself because of the employee's COVID-19 diagnosis.
	Employee needs to care for a family member who is self-isolating due to a COVID-19 diagnosis.
	Employee needs to obtain a medical diagnosis, care or treatment for COVID-19 symptoms.
	Employee needs to care for a family member seeking a medical diagnosis, care or treatment for COVID-19 symptoms.
	Employee is unable to telework due to a COVID-19 diagnosis and the symptoms inhibit the ability of the employee to telework.
	Employee uses the time to obtain a COVID-19 vaccination or recover from illness related to the COVID-19 vaccination.
	<p>A quarantine order or similar determination applies to an employee or his or her family member due to COVID-19 exposure or symptoms, regardless of whether the employee or the employee's family member has been diagnosed with COVID-19.</p> <p><b>Please provide name of governmental entity ordering quarantine or name of health care provider advising quarantine:</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p><b>If applicable, please provide family member name and relation to employee:</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

By signing below, I certify that I am unable to work or telework due to the reason(s) selected above, and the information in this request is true and accurate. I understand that falsification and improper use of COVID Emergency Paid Sick Leave may be subject to disciplinary action, up to and including termination of employment.

**Employee Signature**

**Date**

*Managers: Please e-mail a copy of this form to [HRCompliance@LuxotticaRetail.com](mailto:HRCompliance@LuxotticaRetail.com).*

