

Emergency Leave Employee Request Form



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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	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 [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?	
To complete your request continue to Question 6	

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?	
To complete your request continue to Question 6	

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

Email your completed form to COVID19pay@ups.com.

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