

SICK AND FAMILY LEAVE SELF EMPLOYED

Credits for Sick Leave and Family Leave for Certain Self-Employed Individuals

Sick Leave

Can you answer yes to at least one of the statements below? _____

1. I was subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
2. I was advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. I experienced symptoms of COVID-19 and sought a medical diagnosis.

If you answered yes – how many days were you unable to work or telework from January 1, 2021 to September 30, 2021? _____

Can you answer yes to at least one of the statements below? _____

1. I cared for an individual who was subject to a Federal, State or local quarantine or isolation order related to COVID-19 or had been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
2. I cared for a child because the child’s school or place of care was closed or the child care provider was unavailable due to COVID-19 precautions.
3. I experienced any other substantially similar condition specified by the Secretary of Health and Human Services.

If you answered yes – how many days were you unable to work or telework from January 1, 2021 to September 30, 2021? _____

Family Leave

Were you unable to work or telework because of coronavirus-related care you provided to a son or daughter (includes your biological, adopted, foster, stepchild, legal ward or loco parentis) whose school or place of care was closed or whose child care was unavailable for reasons related to COVID-19?

If you answered yes – how many days were you unable to work or telework from January 1, 2021 to September 30, 2021 ? _____

Documentation Required

The dates that you were unable to work or telework.
(Enter the dates here)

The reason that you were unable to work or telework.
(Enter the reason here)
