**EMPLOYEE REQUEST FOR**

**EMERGENCY PAID SICK LEAVE (EPSL)**

*Effective for requests made on or after April 1, 2020 through December 31, 2020.*

This form is used to request Emergency Paid Sick Leave (EPSL) for those employees who are unable to work due to circumstances related to COVID-19. The Families First Coronavirus Response Act (“*Act*”), enacted on March 18, 2020, provides employees with access to emergency paid sick leave (“*EPSL*”) for certain leave requests related to the COVID-19 pandemic. As of April 1, 2020, EPSL is available for immediate use by qualifying employees. Full-time employees are eligible for up to 80 hours of EPSL. Part-time employees are eligible for EPSL in an amount equal to the number of hours the employee works, on average, over a two-week period. All paid leave under the Act is subject to the provisions outlined below. Employees should contact their supervisors or human resources departments with any questions.

|  |
| --- |
| **Employee Name:** |
| **Date of Request:** |
| **Employee Home Address:****E-mail:** |
| **Home Phone Number:****Cell Phone Number:** |
| **Position:       Normal work hours/schedule:**  |
| **The amount of emergency paid sick leave being requested is       hours** |
| [*Optional:* I wish to take intermittent leave for reason #5 below, during the following days and hours:]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday  | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

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| I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):[ ]  1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.[ ]  2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.[ ]  3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.[ ]  4) I am caring for an individual who is subject to either number 1 or 2 above.[ ]  5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID–19 precautions; and,[ ]  I attest that no other suitable person is available to care for my child during the requested period of leave.[ ]  I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.[ ]  6) I am experiencing another substantially similar condition specified by the secretary of health and human services. |
| **Option to Use Leave** *(check one):*EPSL provide for portions of pay to be made available. Employees may elect to use available sick balances (or annual leave if available when sick leave is exhausted) to supplement this mandate to allow for 100% of pay where instance of personal illness, quarantine, or caring for an ill family member. The FFCRA’s formula for pay under EPSL is as follows:* 100% pay (up to cap of $511/day and $5,110 total) for the two weeks of EPSL benefit:
	+ Available when the employee is unable to work, because the employee is quarantined by either governmental order or their treating healthcare provider and/or experiencing COVID-19 symptoms and seeking medical care (reasons 1, 2, 3 and 6 above).
* 2/3rd pay (up to a daily rate of $200 and $2,000 total) for the two weeks of EPSL benefit:
	+ If employee needs to be absent from work duties, because they are caring for those quarantined by either governmental order or their treating healthcare provider and/or experiencing COVID-19 symptoms and seeking medical care OR have childcare needs for children who are at home due to school/childcare closures related to COVID-19 (reasons 4 and 5 above).

[ ]  **I elect to use available sick leave balances** to supplement the FFCRA EPSL pay allowances.[ ]  **I DO NOT elect to use available sick leave balances** to supplement the FFCRA EPSL pay allowances. |

**I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.**

**I have attached appropriate documentation supporting my need for leave. (See next page).**

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Human Resources Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Employee Statement Supporting Leave**

I, , provide the following information in support of my request for emergency paid sick leave (complete all that apply):

**Leave due to a government-issued quarantine or isolation order**

Name of the issuing government agency for the quarantine or isolation order:

Effective dates of the order:

**Leave due to a health care provider’s advice to self-quarantine**

Name of the health care provider advising me or the individual I am caring for to
self-quarantine:

Written documentation is available and attached: [ ] Yes [ ] No

Name and relation of the individual who I am needed to care for:

 Name:  Relation:

**Leave due to a school or place of child care closed due to COVID-19**

Name of school or place of care:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

 Name:  Age:

Name:  Age:

Name:  Age:

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

**Leave due to a substantially similar condition specified by the secretary of health and human services**

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_