



Federal Emergency Leave Form Request for Emergency Paid Sick Leave (EPSL) – COVID-19

Name (Please print) _____ Dept _____

Hire Date _____ Supervisor _____

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act please complete the following request form and submit to the Human Resources Department as soon as possible before leave commences. Verbal notice will be accepted and an HR representative will complete this form until the form can be provided/signed by the employee. Please note that EPSL authorized two (2) weeks of paid leave with limits per Federal law subject to an eighty (80) hour “cap”. The EPSL is a one-time grant and does not accumulate if unused.

Requested Leave Start Date: _____ Estimated End Date: _____
* Days must be taken consecutively *

The amount of Emergency Paid Sick Leave being requested is _____ hours, which is the normal hours I work on a weekly basis, for a total of _____ hours. I certify that I am unable to work, including telework for the following reason(s) stated below.

I am using **Emergency Paid Sick Leave** due to Child Care and also plan to request the Emergency Family Medical Leave Expansion Act (EFMLA) leave with the Emergency Paid Sick Leave covering the first two (2) weeks of the EFMLA period, which is otherwise unpaid time. Attached is also the EFMLA form. I understand that EFMLA leave may be taken intermittently, while the Emergency Paid Sick Leave is not taken intermittently. The current provisions for EFMLA expires on December 31, 2020.

The reason for this Emergency Paid Sick Leave request is (check only 1 – 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 related to COVID-19
- 3.) I am experiencing COVID-19 symptoms and I am seeking a medical diagnosis
- 4.) I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
- 5.) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions
- 6.) I am experiencing another substantially similar condition specified by the US Department of Health and Human Services.

Documentation of the reason for the leave will also be necessary:

- Source of any quarantine or isolation order (copy of order), OR
- Written documentation by health care provider who has advised you to self-quarantine; OR
- Copy of doctor’s order for COVID-19 testing as well as diagnosis results – required for approval
- Written statement from your supervisor that working remotely is not feasible
- **3 Child Care Provider Certifications of Unavailability Due to COVID-19 Notice** from school or childcare provider that childcare is unavailable due to COVID-19 (only applicable to #5)

I verify my inability to work (both in-person and telework) for the above reason for the duration of the leave.

Employee Signature: _____ Date: _____

Received by HR Rep Signature: _____ Date: _____