

## EMERGENCY PAID SICK LEAVE REQUEST

*Employees requesting Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form.*



### Employee Information

---

Employee Name:   
Employee Home Address:  E-mail:   
Home Phone Number:  Cell Phone #:   
Anticipated Begin Date of:  Expected Return to Work Date:

Reason for Leave (check all that apply):

---

#### **I am unable to work (or telework) for the following reason(s):**

1. I am subject to state, federal or local quarantine or isolation order related to COVID-19.  
Name of entity issuing order:
2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  
Name of provider WHO ADVISED YOU TO SELF-QUARANTINE:
3. I have symptoms of COVID-19 and I am seeking a diagnosis.  
Name of provider:
4. I am caring for an individual who has been ordered to quarantine or isolate or has been advised BY A HEALTH CARE PROVIDER to self-quarantine related to COVID-19.  
Name of individual:   
Name of individual's provider and/or entity issuing order:   
**NATURE OF YOUR RELATIONSHIP TO THE INDIVIDUAL:**
5. I need to care for my child under age 18 because the child's school, childcare or childcare provider is closed unavailable related to COVID-19.  
Name of child:   
Age of child:   
Name of school, place of care or child care provider that is closed or unavailable:   
No other suitable person will be caring for my child during my leave:  Yes  No  
**If leave is being requested to care for my child under the age of 18 because the child's school, child care or child care provider is unavailable, I will need (choose one):**  Continuous leave  Intermittent leave  
If your need for leave is intermittent, please describe the nature of your intermittent leave:
6. I am experiencing other conditions substantially similar to COVID-19 as specified by HHS:  
If yes, please specify condition:   
Name of provider:   
*Additional information may be requested.*

**Emergency Paid Sick Leave**

If emergency sick leave was approved for reasons #1-3 above, Full-time employees are eligible to receive up to 80 hours of leave at 100% of their regular rate of pay.

If leave is requested and approved for reasons #4-6 above, such leave shall be 2/3 of the employee’s regular rate of pay.

**Expanded Family and Medical Leave**

An employee is entitled to take up to 12 workweeks of **Expanded Family and Medical Leave** during the period April 1, 2020 through December 31, 2020 for leave to care for your child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 related reasons (reason #5 above). The first 2 weeks are unpaid. (Employee may use reason #5 under the EPSLA if available). The additional ten weeks of expanded family and medical leave under the Emergency Family and Medical Leave Expansion Act are paid at 2/3 the employee’s regular rate of pay.

Eligibility for expanded family and medical leave depends on how much leave you have already taken during the 12-month period for FMLA leave. You may take a total of 12 workweeks for FMLA or expanded family and medical leave reasons during a 12-month period. If you have taken some, but not all, 12 workweeks of your leave under FMLA during the current 12-month period, you may take the remaining portion of leave available. If you have already taken 12 workweeks of FMLA leave during this 12-month period, you may not take additional expanded family and medical leave.

I am eligible for EPSLA and would like to use part or all of it to cover my 2 weeks of unpaid leave:

(enter hours) for EPSLA

I would like to use my accrued leave to substitute for my 2 weeks of unpaid leave:

Sick

Vacation

Comp Time

other (please specify):

*Certification and Signature*

**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE.**

Employee Signature:  Date: