

## Emergency Paid Sick Leave (EPSL) Request Form

Employee Name: \_\_\_\_\_

**Instructions:** Please use this form when requesting EPSL if you are unable to work due to a qualifying reason related to COVID-19 pursuant to the Families First Coronavirus Response Act (FFCRA). In certain circumstances, your initial request for EPSL may be verbal and approved contingent on providing this form as directed by the agency.

1. EPSL may be used through Dec. 31, 2020 and is in addition to other applicable leave available to employees.
2. Eligible employees may take up to 80 hours of paid EPSL, but the rate of pay during such leave depends on the qualifying reason.
3. If the qualifying reason for EPSL does not allow for you to receive your regular rate of pay, you may also request to supplement your salary with applicable available leave to receive your full salary.
4. If EPSL is requested for qualifying reason 4, an "individual" is an employee's immediate family member; A person who regularly resides in an employee's home; A similar person with whom the employee has a relationship that creates an expectation the employee would care for the person if quarantined.
5. If EPSL is requested for qualifying reason 5, the child's school or place of care is closed for a period of time whether by order of a state or local official or authority or at the decision of the individual school or place of care, or the child care provider of the son or daughter is unavailable for reasons related to COVID-19. This leave may only be taken to care for your non-disabled child if he or she is under the age of 18. EPSL for reason 5 may be used to care for your child age 18 or older who has a mental or physical disability and is incapable of self-care because of that disability. A "son or daughter" is your own child, which includes your biological, adopted, or foster child, your stepchild, a legal ward, or a child for whom you stand in loco parentis.
6. EPSL for qualifying reason 5 may be used during the first 2 weeks of Emergency Family and Medical Leave (EFML) to provide payment during the initial 10 days of EFML which is unpaid. To request that EPSL be used during the initial 2-week period of EFML or for additional information concerning EFML please reference the agency's EFML request form or contact Human Resources.
7. EPSL used for qualifying reasons 1-4 and 6 must be used continuously until either all available EPSL is exhausted or the qualifying reason no longer exists.

**I am requesting EPSL because I am unable to work due to the following reason:**

1.  I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of government entity that issued the quarantine or isolation order: \_\_\_\_\_

2.  I have been advised by a health care provider to self-quarantine based on a belief that:

I have COVID-19.

I am experiencing symptoms of COVID-19 and seeking a medical diagnosis from a health care provider.

I am particularly vulnerable to COVID-19.

Name of health care provider who recommended self-quarantine: \_\_\_\_\_

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3.  I am experiencing symptoms of COVID-19 and seeking a medical diagnosis from a health care provider. I acknowledge that any use of EPSL for this reason is limited to time I'm unable to work because I am taking affirmative steps to obtain a medical diagnosis.

*EPSL taken for reasons 1-3 is paid at 100% regular rate of pay up to \$511.00 per day.*

4.  I am caring for an individual who is subject to an order described in reason 1 or a recommendation to self-quarantine as described in reason 2

Name of government entity that issued the quarantine or isolation order: \_\_\_\_\_

Name of health care provider who recommended self-quarantine: \_\_\_\_\_

Name of individual under employee's care: \_\_\_\_\_

Relationship of individual to employee: \_\_\_\_\_

5.  I am caring for my child whose school, place of care, or childcare provider is closed or become unavailable due to reasons related to COVID-19 and no other person will be providing care for my child during the period in which I am requesting EPSL.

Name of child: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Name of school: \_\_\_\_\_

Name of place of care: \_\_\_\_\_

Name of childcare provider: \_\_\_\_\_

If EPSL for reason 5 is to be intermittent, describe the proposed schedule:

6. Note that EPSL is also available if an employee has a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor. The U.S. Department of Health and Human Services has not yet identified such a condition that would allow an employee to take EPSL. The U.S. Department of Labor will issue guidance when EPSL is available for this reason. Questions concerning EPSL eligibility for this reason should be directed to Human Resources.

*EPSL taken for reasons 4-6 is paid at 2/3 regular rate of pay up to \$200.00 per day.*

I would like to use my accrued available leave to supplement my EPSL for reasons 4-6 to receive my regular rate of pay (only personal leave or accrued agency compensatory time may be used to supplement EPSL for reason 5).

I certify that the above information is correct, and I am unable to work because of the above reason(s).

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