

Emergency Paid Sick Leave (EPSL) Request Form

The Families First Coronavirus Response Act requires employers with fewer than 500 employees (or employers of any size in the public sector) provide employees with up to 2 weeks of EPSL between April 1, 2020, and December 31, 2020.

(Employers have the option to exclude health care providers, emergency responders, and employees on which health care providers and emergency responders rely, including employees of contractors and medical solution providers. Employers with fewer than 50 employees may be able to claim a hardship exemption from reason #5 below. You will receive a written response from us if your request is denied or if we need to modify your leave request.)

Your two-week allotment of EPSL hours will be calculated based on your average hours but will not exceed 80 hours.

There are six potential COVID-19 qualified reasons an employee can take EPSL.

- The first 3 reasons below offer full pay (up to \$511 per day)
- The final 3 reasons below offer 2/3 pay (up to \$200 per day)
- If these will not result in full pay for you, you may decide whether to use any accrued paid leave you have available to make up the difference or not.

You (or someone you authorize) must first notify us of your need for EPSL as soon as reasonably practicable (by phone or email is fine). Then you must provide this form as soon as reasonably practicable.

Employee name:	<i>How many hours of EPSL have you taken with any employer since April 1, 2020?</i>
Best way to contact <i>(email address, phone #, etc.)</i>	Expected return to work date:
Date EPSL is to begin:	
I certify that I am unable to work or telework for the following COVID-19 related reason:	
<input type="checkbox"/> 1) I am personally subject to a quarantine or isolation order by a local, state, or federal official <i>Name of the governmental agency:</i>	
<input type="checkbox"/> 2) I have been personally advised by a health care professional to self-quarantine <i>Name of the health care professional:</i>	
<input type="checkbox"/> 3) I am having symptoms and seeking a diagnosis from a health care professional <i>Name of the health care professional:</i>	
<input type="checkbox"/> 4) I must care for an individual subject to (1) or (2) above <i>Name of the governmental agency or health care professional:</i> <i>Name of the individual and relationship to me:</i> <i>I represent I am the only suitable person expected to provide care for this individual during my EPSL time:</i> <input type="checkbox"/>	
<input type="checkbox"/> 5) I need to care for my son or daughter due to school or child care being closed/unavailable <i>Names and ages of my children I need to care for up to age 18 (or older if disabled and incapable of self care):</i> <i>Name of each unavailable school or child care provider:</i> <input type="checkbox"/> <i>I represent that no other suitable person is available to care for my children during the period of requested leave, and no other suitable person will be providing care for the children during my EPSL time</i> <input type="checkbox"/> <i>If my children are all older than 14, I represent I am unable to work or telework during daylight hours because special circumstances exist requiring me to provide care for them</i> <i>I am requesting intermittent leave as follows (for example, if someone can care for your children M/W/F so you only need EPSL for Tu/Th...note intermittent leave is only available if we can mutually agree on a schedule):</i>	
<input type="checkbox"/> 6) I am experiencing other conditions substantially similar to COVID-19 as specified by the US Department of Health and Human Services (HHS)	
I certify that the above information is accurate and complete. If I'm scheduled to telework and need to request intermittent leave for any reason above, I will ask Human Resources for a potential intermittent schedule. I understand that if I fail to report for work on or before the approved return date or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.	
Employee signature:	Date: