



**Families First Coronavirus Response Act
Emergency Paid Sick Leave Act (EPSLA) Request Form**

Employee Name:	Phone Number:
Position Title:	Email Address:
Building/Department:	
Emergency Paid Sick Leave Act	
Type of Leave: Paid Leave	Time Permitted: Two Weeks (10 days) maximum
I am unable to work or telework from home due to the following reason:	
<input type="checkbox"/> (1) I am subject to a federal, state or local quarantine/isolation order related to COVID-19. <i>The name of the government entity that issued the order is: _____</i>	
<input type="checkbox"/> (2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. <i>The name of the provider is: _____</i>	
<input type="checkbox"/> (3) I am experiencing symptoms of COVID-19 and am seeking medical diagnosis from a health care provider.	
<input type="checkbox"/> (4) I am caring for an individual who is subject to quarantine/isolation by a federal, state, or local order or who has been advised by a health care provider to self-quarantine. <i>Name of the individual: _____</i> <i>Relationship to Employee: _____</i> <i>The name of the government entity or health care provider at issue is: _____</i>	
<input type="checkbox"/> (5) I am caring for my son or daughter because the child's school or place of care has been closed, or the child care provider is unavailable for reasons related to COVID-19. I represent that no other suitable person will be caring for my child during the period of leave. <i>Child's name: _____</i> <i>Child's school/place of care or childcare provider is: _____</i>	
Dates Requested:	
Date Leave Will Begin:	
Date You Will Return:	
<input type="checkbox"/> Continuous	<input type="checkbox"/> Intermittent*
Explain proposed schedule for intermittent leave: _____	
<i>*Intermittent leave is only permitted for Reason (5) - child care leave. Employer and employee must agree to intermittent leave.</i>	
Duration of Leave:	
<ul style="list-style-type: none"> • A full-time employee is eligible for up to 80 hours/two weeks. • A part-time employee with a normal weekly schedule is eligible for the number of hours of leave that the employee is normally scheduled to work over two workweeks. 	
Calculation of Pay:	
<ul style="list-style-type: none"> • For leave reasons (1) - (3): employees taking leave are entitled to 100% pay at their regular rate, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period). • For Leave reasons (4) - (5): employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period). 	
Employee Certification:	
I certify that the above information is accurate and complete. I certify that I am unable to work or telework for the reasons and dates noted above.	

Employee Signature

Date

Employer Signature

Date

Approved Denied