

Emergency Paid Sick Leave (EPSL) Request

In a recent bill passed by both houses of the US Congress and signed by the President, the government has enacted legislation that provides enhanced Sick Leave Coverage to Employees effected by COVID-19.

Below, please find information pertinent to this benefit which goes into effect April 2, 2020.

Designated as sick leave (up to 80 hours of sick leave which can taken within a 4 week period) for full time employees who are actively working and a pro-rated amount of time for part time employees who are ill or effected by COVID-19 and not able to work or telework from home for any of the following reasons.

I _____ am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- 1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19. A Stay at Home Order or a Shelter in Place order does not qualify you.
- 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4. I am caring for an individual who is subject to either number 1 or 2 above.
- 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; and,
 - a. I attest that no other suitable person is available to care for my child during the requested period of leave.
- 6. I am experiencing another substantially similar condition specified by the secretary of health and human services.

To be considered eligible for emergency paid sick leave (EPSL) for the **qualifying reason of a quarantine order or self-quarantine advice from a health care provider**, an employee must provide the following information:

Name, phone number, and address of the health care professional advising self-quarantine OR name of the governmental entity ordering quarantine

Name of clinic/hospital/telemed service

Date of service

Full name of individual subject to a quarantine order or advised to self-quarantine by a health care provider (**if other than employee**)

Relationship to employee

To be considered eligible for emergency paid sick leave (EPSL) for the **qualifying reason of a child’s school or childcare provider closure or unavailability due to a public health emergency**, an employee must provide the following information:

Name, address, phone number of school or place of care that is unavailable

<input type="text"/>	<input type="text"/>
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Full name and age of child to be cared for

Full name and age of child to be cared for

<input type="text"/>	<input type="text"/>
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Full name and age of child to be cared for

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For any child older than 14, provide a statement detailing the special circumstances that exist requiring you to provide care during daylight hours.

Employee Attestation:

I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment.

I certify that no other person will be providing care for the child(ren) named above during the period for which I am receiving emergency paid sick leave.

I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment.

Employee Name

Date

Submit