



EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE (EPSL)

Employees requesting Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Benefits & Data Management for processing.

Employee Name:	
Employee ID:	Phone Number:
Anticipated Beginning Date of Leave:	Expected Return to Work Date:
<p>Reason for Leave and Required Documentation (<i>check all applicable</i>) I am unable to work (or telework) for the following reasons:</p> <p><input type="checkbox"/> I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. ➤ Copy of the governmental quarantine order.</p> <p><input type="checkbox"/> I have been advised by a healthcare provider to self-quarantine due to COVID-19 symptoms. ➤ Written documentation by a healthcare provider advising employee to self-quarantine due to COVID-19.</p> <p><input type="checkbox"/> I need to obtain a medical diagnosis or receive care related to COVID-19 symptoms. ➤ Written documentation by a healthcare provider.</p> <p><input type="checkbox"/> I need to care for an individual who is quarantined. ➤ Written documentation by a healthcare provider advising individual to self-quarantine due to COVID-19.</p> <p><input type="checkbox"/> I need to care for my son or daughter under age 18 whose school or child care provider is closed or unavailable. ➤ Copy of notice of closure or unavailability from child's school or child care provider, such as a notice on a government, school or daycare website. Or it may include a notice published in a newspaper or e-mailed to the employee from a school official or child care provider. This notice should include the name and age of the child (or children) to be cared for and name of the school that has closed or place of care that is unavailable.</p>	

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Benefits & Data Management regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____ Date: _____

Supervisor Name: _____ Supervisor Phone Number: _____

Supervisor Signature: _____ Date: _____

HUMAN RESOURCES USE ONLY:

Employee out due to Tier 1 or Tier 2 emergency sick leave.

Required documentation received from employee: Received on: _____