

Emergency Paid Sick Leave (EPSL) Request

as entitled by the Families First Coronavirus Response Act (FFCRA)

Employees who are unable to work (or telework) for a reason that qualifies for 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.

When complete, submit this form to: _____ for review, approval and processing.

Employee name: _____ Phone number: _____

Home address: _____ Email: _____
Start date of leave _____ End date of leave _____
(expected): _____ (expected): _____

The maximum EPSL for full-time employees working 40 hours per week is 80 hours. Part-time employees (under 40 hours) are entitled to a maximum amount of EPSL equal to their average work hours over a two-week period.

Reason for leave (check all that apply): I am unable to work (or telework) for the following reason(s):

<input type="checkbox"/>	I am subject to a federal, state or local quarantine or isolation order related to COVID-19.
<input type="checkbox"/>	I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
<input type="checkbox"/>	I have symptoms related to COVID-19, and I am seeking a medical diagnosis.
<input type="checkbox"/>	I am caring for an individual who is subject to a federal, state or local quarantine or isolation order OR who has been advised by a healthcare provider to self-quarantine related to COVID-19.
<input type="checkbox"/>	I need to care for my child under age 18, because the child's school, childcare, or childcare provider is closed or unavailable due to COVID-19.

Name of minor child(ren) and address(es) of their school(s), childcare or childcare provider(s):	
Minor child(ren) name(s):	
School or childcare provider(s):	
<input type="checkbox"/>	I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.

Attach any supporting documentation related to your need for EPSL. For example, please provide any quarantine orders, directives from a healthcare provider advising self-quarantine or caring for someone else under quarantine, or communication(s) from a school or childcare facility notifying you of its closure.

I will need (choose one): Continuous leave (consecutive days or hours, unable to work the whole time) Intermittent leave (days or hours off here and there, able to work some of the time)

If you need intermittent leave, please describe the nature of it (days of the week, hours, etc.):

If teleworking, intermittent leave is not guaranteed and will be evaluated based upon business needs.

I certify that the above information is accurate and complete. I understand that if circumstances of my leave change, and I am able to return to work earlier than the date indicated on this form, I am required to notify my employer.

Employee signature: _____ Date: _____

For company use only

Received by: _____ Date: _____