

Request for Emergency Paid Sick Leave

To be completed by the employee requesting Emergency Paid Sick Leave arising out of an eligible reason related to COVID-19

Employee Name

Application Date

Requested Leave Start Date: _____ **Estimated End Date:** _____

(maximum leave duration of EPSL is 80 hours paid at your regular rate for full-time employees and a pro-rated amount for part-time employees)

Reason for leave:

- () Employee is subject to a governmental quarantine or isolation order related to COVID-19 (supporting documentation from a governmental authority may be required)
- () Employee has been advised by a healthcare provider to self-quarantine related to COVID-19 (certification from a healthcare provider/doctor's note may be required)
- () Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis
- () Employee is caring for an individual who is subject to governmental quarantine/isolation order or self-quarantine under medical advice related to COVID-19 (supporting documentation from a governmental authority/certification from a healthcare provider/doctor's note may be required)
- () Employee is unable to work or telework due to caring for the employee's minor child because the child's school or child-care provider is closed or unavailable due to COVID-19 precautions

During my leave, I can be reached at: _____ **(please list telephone number and email)**

I understand that I will be required to provide timely medical or other certification as a condition of obtaining Emergency Paid Sick Leave, unless the certification cannot practicably be obtained. I understand that it is my obligation to discuss any inability to obtain the requested certification with HR.

Employee Signature/Acknowledgment:

By submitting this request for Emergency Paid Sick Leave, I certify that: all information provided in this request form is true and accurate and that I am eligible for paid leave for the reasons stated; I will update my supervisor and Human Resources if my availability for work changes or if my ability to work or telework changes; I understand that, if I am provided paid sick leave due to childcare obligations, I am obligated to return to work (either on a part-time or full-time basis) if my childcare obligations cease or reduce.

Employee's Signature

Date

Human Resources

Date