



Request for Emergency Paid Sick Leave and/or
FMLA Public Health Emergency Leave

Employee Name _____ Date of Request _____

Department _____ Position Title _____

Employee Signature _____

I am requesting (check one or both):

- Emergency Paid Sick Leave ("EPSL")
May only be used for Covid 19-related issues
Up to two work weeks (80 hours) or a prorata portion based on employee's work schedule
EPSL is not part of an employee's regular sick leave accruals and may only be used from 4/1/2020 through 12/31/2020
Family and Medical Leave Act Public Health Emergency Leave ("EFMLA")
May only be used for childcare issues related to Covid 19
EFMLA may only be used from 4/1/2020 through 12/31/2020

SECTION ONE: REQUEST FOR EPSL

I am requesting EPSL because I am unable to work or telework because of the following reason:

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
I am caring for a son or daughter whose school or place of care has been closed, or whose child care provider is unavailable, due to COVID-19 precautions.
I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

I am requesting EPSL begin on _____, 2020.

I expect to use EPSL until _____, 2020.

Employees must submit acceptable supporting documentation of the need to take EPSL related to COVID-19. Examples of acceptable supporting documentation include:

- Federal, State or local quarantine isolation order
- Written documentation from a health care provider advising the employee to self-quarantine
- Notice of closure that has been posted on a government, school, or day care website,
- Notice of closure published in a newspaper,
- Email notice of closure from an employee or official of the school, place of care, or child care provider.

Attached Supporting Documentation: Yes _____ No _____

SECTION TWO: REQUEST FOR EFMLA

I am requesting EFMLA for the following reason:

_____ I am unable to work, including telework, due to a need for leave to care for my son or daughter under 18 years of age because my son or daughter's place of care/child care provider or school has been closed due to a public health emergency.

I am requesting EFMLA begin on _____, 2020.

I expect to use EFMLA until _____, 2020.

The first 10 days of EFMLA are unpaid but employees may substitute EPSL or available accrued vacation or sick balances.

Employees may be denied EFMLA or may be not granted the entirety of EFMLA requested if they have used all or a portion of their FMLA leave.

Employees must submit acceptable supporting documentation of the need to take EFMLA related to COVID-19. Examples of acceptable supporting documentation include:

- Notice of closure that has been posted on a government, school, or day care website,
- Notice of closure published in a newspaper,
- Email notice of closure from an employee or official of the school, place of care, or child care provider.

Attached Supporting Documentation: Yes _____ No _____