



EMERGENCY PAID SICK LEAVE REQUEST

Employees requesting Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. Please provide as much advance notice as is reasonably practicable. Upon completion of this form, please submit the completed form to Human Resources for processing.

Employee Full Name:		Employee ID:	
E-mail:		Cell:	
This is a (choose one):		<input type="checkbox"/> New request for leave	<input type="checkbox"/> Request for an extension of leave
Anticipated Begin Date of Leave:		Expected Return to Work Date:	
Reason for Leave (check all applicable) I am unable to work (or telework) for the following reasons: <ul style="list-style-type: none"> <input type="checkbox"/> 1. I am subject to state, federal or local quarantine or isolation order related to COVID-19 <input type="checkbox"/> 2. I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19. *Below, please provide contact information for the health care professional and a certification form if one is available. <input type="checkbox"/> 3. I have symptoms related to COVID-19 and I am seeking a diagnosis <input type="checkbox"/> 4. I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19. *Please attach a certification from a health care professional if available. <input type="checkbox"/> 5. I need to care for my child under age 18 because the child's school, child care or child care provider is closed or unavailable because of COVID-19 <input type="checkbox"/> 6. I am experiencing other conditions substantially similar to COVID-19 as specified by the department of Health and Human Services (HHS). *Below, please provide contact information for the health care professional and a certification form if one is available. <input type="checkbox"/> I have attach a certification from a health care professional as requested above. 			
*Health care provider contact information: _____ _____ _____			
Since I am requesting the use of EPSL for reason #5 above, I certify by checking below that the following are true: <ul style="list-style-type: none"> <input type="checkbox"/> I have children under the age of 18 that require my care/supervision. <input type="checkbox"/> I do not have other alternatives to provide this care for my children. 			
I will need (choose one):		<input type="checkbox"/> Continuous leave	<input type="checkbox"/> Intermittent leave
Please describe the nature of your intermittent leave: _____			

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 Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____ Date: _____

Human Resources: _____ Date: _____