Emergency Paid Sick Leave Act: Employee Request for Leave Form

This form must be completed and returned to Human Resources before any request for leave under the Emergency Paid Sick Leave Act (the “E-PSL”) will be approved. Questions about the E-PSL or this form should be directed to Human Resources.

Employee Name: ______________________ Dept: _______________________

Today's Date: ________________________

Reason for Leave Request: You are unable to work or telework because you:

☐ Are subject to a federal, state, or local quarantine or isolation order related to COVID-19

☐ Have been advised by a health care provider to self-quarantine related to COVID-19

☐ Are experiencing COVID-19 symptoms and are seeking a medical diagnosis

☐ Are caring for an individual subject to a federal, state, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine related to COVID-19

☐ Are caring for a child whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19

☐ Are experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services

E-PSL is paid leave for up to two weeks. E-PSL leave for your own personal quarantine or isolation order, or to seek medical diagnosis, will be paid at your full regular pay up to a maximum of $511 per day. For all other qualifying reasons, E-PSL leave will be paid at 2/3rds your regular pay up to a maximum of $200 per day.

Date Requested Leave is to Begin: ________________________, 2020

Date Requested Leave Will End: __________________________, 2020

E-PSL is only available for use from April 1, 2020, through December 31, 2020, and only for a qualifying reason occurring during that period.

Are you Requesting Intermittent Leave: Yes ___ NO ___
If yes, please explain the requested intermittent periods of leave:
________________________________________________________________________
________________________________________________________________________
(The company will determine whether or under what conditions intermittent E-PSL will be allowed. Applicable limitations will be discussed with you when your request is processed.)

Additional Information Required Supporting Reason for Leave:

☐ You are unable to work or telework due to the COVID-19 reason indicated above because:
__________________________________________________________________________
__________________________________________________________________________

☐ Name of the federal, state, or local government entity issuing the order placing you or the individual for whom you are caring in quarantine or isolation related to COVID-19:
__________________________________________________________________________

☐ Name of the health care provider advising self-isolation for you or the individual for whom you are caring for reasons related to COVID-19:
__________________________________________________________________________

☐ If caring for another individual under a quarantine order or health care provider recommended self-isolation:

  o Please provide the name of the individual: ___________________________________
  o You confirm that the individual listed above is an immediate family member, a person who regularly resides in your home, or a similar person with whom you have a relationship that creates an expectation that you would care for that person if they were quarantined or self-quarantined. ____________________ (initial).

☐ For caring for a child due to closure of school or place of care, or whose child care provider is unavailable for reasons related to COVID-19:

  o Child(ren)'s name(s) and age(s):
__________________________________________________________________________
__________________________________________________________________________
  o Name(s) of school(s) or place(s) of care that has been closed or name of care giver who is unavailable:
__________________________________________________________________________
__________________________________________________________________________
  o You confirm that no other person will be providing care for the child during the period for which you would be receiving E-PSL leave. ____________________ (initial).
  o For a child 15 years of age or older, you confirm that you are unable to work or telework during daylight hours because special circumstances exist requiring you to provide care. ________ (initial)

Use of E-PSL for caring for a child runs concurrently with E-FMLA. Please see the E-FMLA Request form. Please note, for E-FMLA you may elect to use any available company provided paid leave instead of E-PSL for the first two weeks of E-FMLA.
Have you used any E-PSL hours while working for any other employer since April 1, 2020?
Yes ___ No ___ If yes, please identify the other employer and the number of hours of E-PSL used with that employer:
_______________________________________________________________________.

I certify that the information I have provided is accurate. I understand that it is my responsibility to notify Human Resources immediately if there is any change to my leave request above.

____________________________________________  ___________________
Employee signature                                      Date