



**REQUEST FOR LEAVE**

Please complete and submit this form to Human Resources. Failure to provide the additional information as indicated in section (B) below may result in delaying or denying your request for leave under the Emergency Paid Sick Leave Act (“EPSLA”). HR will follow up with next steps. Verbal notice/completion will be accepted until a form can be provided/signed.

Employee Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Reports To: \_\_\_\_\_

Date Form Submitted/Leave Requested: \_\_\_\_\_

**A) I am requesting this emergency paid sick leave due to my inability to work because:  
check the appropriate reason(s) below**

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
- 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID–19 precautions; and,
  - I attest that no other suitable person is available to care for my child during the requested period of leave.
  - I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

*Note: EPSLA is paid leave for up to two weeks. If you are unable to work (or telework) for reasons due to a COVID-19 circumstance described in (1), (2), or (3) above, you will be paid at your regular rate of pay up to a maximum of \$511 per day. If you are unable to work (or telework) for reasons due to a COVID-19 circumstance described in (4), (5), or (6) above, you will be paid at 2/3 your regular rate of pay up to a maximum of \$200 per day.*

- 7) I am requesting Child Care Leave.
- 8) I am requesting Medical/Disability Leave
- 9) I am requesting Advancement of sick leave (possibly up to 5 days)
- 10) I am requesting Unpaid Leave

**B) Please provide additional information to support the reason(s) for the leave:**

**Leave due to government-issued quarantine or isolation order:**

Name of the federal, state, or local governmental entity placing me in quarantine or isolation related to COVID-19: \_\_\_\_\_

**Leave due to health care provider’s advice:**

Name of health care provider advising me or the individual I am caring for to self-quarantine (\*will be asked to provide doctor’s note): \_\_\_\_\_

Name and relation of the individual I am needed to care for: \_\_\_\_\_



**Leave due to a school or child care closed due to COVID-19**

Name(s) of school(s) or place(s) of care that has been closed or name of care giver provider who is unavailable due to COVID-19 precautions:

\_\_\_\_\_  
Name & Ages of child(ren) I need to care for:

\_\_\_\_\_  
I confirm that no other person will be providing care for my child(ren) during the period for which leave is requested, and that if such child(ren) is older than fourteen, special circumstances exist requiring me to provide care. \_\_\_\_\_  
(initial)

**Leave due to a substantially similar condition specified by the secretary of health and human services:**

Please provide details: \_\_\_\_\_

C) **Please provide the dates of the requested leave:**

Leave to begin on: \_\_\_\_\_

Leave to end on: \_\_\_\_\_

*Note: EPSLA leave is only available for use from April 1, 2020, through December 31, 2020, and only for a qualifying reason occurring during that period.*

D) Are you also requesting leave under the Emergency Family Medical Leave Expansion Act (“EFMLEA”) for this requested leave period?<sup>1</sup> Yes \_\_\_ No \_\_\_

**Any additional details regarding you request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*

I certify that the information I have provided in this form 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

**APPROVAL SIGNATURE: \_\_\_\_\_**

Official Use:

Leave Approved:	EFMLEA	EPSLA	Child Care	Medical/Disability	Advance Sick Leave	Unpaid Leave
Initial Leave Totals: (from payroll)						
Return to work date:				Doctor Note : Y / N		
FMLA PPWK Sent:		Qualify Y/N		Use of sick leave during 2/3rds		

<sup>1</sup>Note, EFMLEA leave is only available for leave to care for a dependent child whose school or daycare is closed, or whose care provider is unavailable, due to COVID-19, and is also only available for use for a qualifying event from April 1, 2020 through December 31, 2020.