



Emergency Paid Sick Leave Act (EPSLA) Request
Effective: April 1, 2020 through December 31, 2020

Section I: Employee Information

Employee Name: _____ Employee ID#: _____
 Job Title: _____ Hire Date: _____
 E-Mail Address: _____ Employee Phone: Work _____ Cell _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Supervisor Name: _____ Department: _____

Section II: Leave Request

In agreement with the Families First Coronavirus Response Act (FFCRA) and Emergency Paid Sick Leave Act (EPSL) I am requesting EPSL for (two weeks up to 80 hours) because I am unable to work, **including unable to telework**, due to the following reason (please select one):

- I have been 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 related to COVID-19;
- I am experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
- I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
- I am experiencing another substantially-similar condition specified by the U.S. Department of Health and Human Services.

EPSLA Leave: Anticipated Begin date: _____ Anticipated End date: _____

Required Documents Enclosed: Yes No

I certify that the above information is true, accurate, and complete to the best of my knowledge. I will notify the Office of Human Resources of changes to this information. I understand that corrective action may be taken for falsification of information.

Employee Signature: _____ Date: _____

Calculation of Pay:

- For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at their regular rate, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).
- For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).
- For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

Section III: Employer Review

Recommend Approval: Yes No
 Department Head/Chair: _____ Date: _____

Recommend Approval: Yes No
 Human Resources/ CHRO: _____ Date: _____

