

Emergency Paid Sick Leave (EPSL) and Emergency FMLA (EFMLA) Employee Request Form

Employees requesting Emergency Paid Sick Leave (EPSL) and/or Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this request form. You must provide as much advance notice as is reasonably practicable. Submit your completed form to your Manager for processing.

NOTE: Effective January 1, 2021, employers are not required to provide EPSL or EFMLA pay, but they may voluntarily decide to do so for leaves taken through September 30, 2021. Completion of this form does not guarantee payment.

GENERAL INFORMATION

Employee Name: _____

Employer: _____ Manager's Name: _____

EXPECTED DURATION OF LEAVE

First Day Off Work: _____ Expected Return Date: _____

REQUEST FOR LEAVE (PLEASE CHECK ALL THAT APPLY)

I am unable to work (or telework) for the following reasons and am requesting leave under the FFCRA:

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
Order Issued by: _____
- 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
Name of healthcare provider: _____
- 3. I am experiencing the symptoms of COVID-19 and seeking a medical diagnosis (provide doctor's note if available).
- 4. I have or will be obtaining a COVID-19 immunization.
- 5. I am recovering from an injury, disability, illness or condition related to a COVID-19 immunization.
- 6. I am seeking or awaiting the results of a COVID-19 test or diagnosis because either I have been exposed to COVID or my employer requested the test or diagnosis.
- 7. I am caring for an individual who is subject to either number 1 or 2 listed above.
Name of individual: _____
Relationship to individual: _____
- 8. I am caring for my minor child(ren) because the school or place of care of my child has been closed, or the childcare provider of my child is unavailable due to COVID-19 precautions.
Name and age of child(ren): _____
Name of school/daycare provider: _____

_____ (initial) I represent that no other suitable person will be providing care for the child(ren) listed above during the period for which I am receiving paid leave under FFCRA.

_____ (initial) For any child older than 14, I certify that there are special circumstances that require me to provide care.

I will need to take leave as follows:

- For a continuous block of time (dates indicated above)
- On a reduced work schedule as follows: _____
- On an intermittent basis as follows: _____

9. 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.

Additional documentation in support of your leave request may be required.

AUTHORIZATION

I am requesting leave related to COVID-19 and agree to provide additional documentation, if requested. I certify that I am unable to work (or telework) for the reasons indicated above.

I further understand that I remain responsible for my portion of the health insurance premiums and any voluntary benefits in which I am enrolled. I agree to pay these premiums either through payroll deductions or via manual payments.

Employee Signature: _____ Date: _____

MANAGEMENT REVIEW

By signing this form, we acknowledge the following:

- Employer has voluntarily decided to continue offering pay under FFCRA.
- The employee qualifies for leave under FFCRA.
- The employee has not exhausted available EPSL hours.
- The employee has not exhausted available EFMLA hours (check with ALTRES for assistance).
- The employee will be paid COVID pay in accordance with FFCRA.

Manager Signature: _____ Date: _____