

# Families First Coronavirus Response Act (FFCRA) Emergency Paid Sick Leave Act (EPSL) Request Form



## Section I: Employee Information

Employee's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

## Section II: Leave Request

In accordance 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 telecommute, due to the following reason (please select one):

1. I have been 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 related to COVID-19;
3. I am experiencing COVID-19 symptoms and seeking a medical diagnosis;
4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. 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
6. I am experiencing another substantially-similar condition specified by the U.S. Department of Health and Human Services.

### Duration of Leave:

For reasons (1)-(4) and (6): A full-time employee is eligible for two weeks up to 80 hours, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

For reason (5): A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### Documentation Requirements:

- For reasons (1)-(4) and (6): Documentation of the reason for the leave will be necessary, such as the source of any quarantine or isolation order, or a physician's note who has advised you to self-quarantine.
- For reason (5): a notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

### 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: Employee Signature

I certify to the best of my knowledge that all of the information on this form is correct.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_