FFCRA Emergency Paid Sick Leave Act: Employee Request for Leave Form

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

Employee Name: _____ Employee Number: _____

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[1]
- ☐ 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 <u>own</u> personal quarantine or isolation order, or to a 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:

(*IYR 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.*)

[1] Leave for this reason will run concurrently with E-FMLA. Please see that request form for additional information.

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:

- Please provide the name of the individual: _____
- 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:

- Child(ren)'s name(s) and age(s): _____

  _____
- Name(s) of school(s) or place(s) of care that has been closed or name of care giver who is unavailable: _____

  _____
- 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).
- 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 IYR 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