



Time Off Request: Emergency Paid Sick Leave

Employee Name: _____ Today's Date: ____ / ____ / ____

Select the reason for your request (check one):

- I am subject to federal, state, or local quarantine or isolation order related to COVID-19. (#1)
- I have been advised by a health care provider to self-quarantine due to COVID-19 concerns. (#2)
- I am experiencing symptoms of COVID-19 and seeking medical diagnosis. (#3)
- I am caring for an individual subject to federal, state, or local quarantine or isolation order or has been advised by a health care provider to self-quarantine due to COVID-19 concerns. (#4)
- I am caring for my child whose school or place of care is closed or the child's care provider is unavailable due to public health emergency. (#5)

Child's Name: _____

Name of School, Place of Care or Child Care Provider: _____

- I am experiencing other substantially similar conditions specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (#6)

Intermittent leave is subject to Employer approval. Leave must be taken in full day increments and leave cannot be taken intermittently if the leave is being taken for reasons; 1,2,3,4 or 6 above and the employee is working at the usual worksite.

Date(s) Requested Off: _____
(Not to exceed 10 business days)

Are you taking this time off concurrently with Emergency FMLA? Yes No

If "Yes", complete the *Request for Leave of Absence for EFMLA* and submit to Management/Human Resources.

Acknowledgement

I have been provided a copy, have read and understand the Family First Coronavirus Response Act policy or poster. I certify that the reason selected for leave is factual, and depending on the reason, documentation may be required. I understand falsification of any information given may lead to disciplinary action, including termination. If using leave for reason #5, I certify that no other suitable person is available to care for my child.

Employee Signature

Date

Management Use Only

Time off Request has been: Approved Denied, Reason: _____

Management/Admin Approval

Date

Employee Classification: Full-time; eligible for 80 hours of Emergency PSL
 Part-time; eligible for prorated amount: _____ hours of Emergency PSL

Regular Rate of Pay: \$ _____ hourly **or** Salaried \$ _____ /period **or** \$ _____ /day

Amount of Emergency PSL applied: _____ hours **or** _____ days

Calculation of Federal PSL: 100%, up to \$511/day (for reasons 1-3)
 66.67% up to \$200/day (for reasons 4-6)

Earnings Code: _____ Tax Credit Taken: Yes Date: _____ / _____ / _____



Request for Leave of Absence: Emergency FMLA

Employee Name: _____

Today's Date: ____/____/____ Hire Date: ____/____/____

Mailing Address during leave: _____

Phone number(s): _____ E-mail address(es): _____

Eligibility for leave (check all that apply):

- I have been employed with the Company for at least 30 days.
- I certify that I am requesting leave to care for my child whose school or place of care is closed or the child's care provider is unavailable due to public health emergency.
Additional documentation may be required to verify closure or unavailable status of the school or provider.

Childs Name: _____

Name of School, Place of Care or Child Care Provider: _____

Leave will be (check one): Continuous or Intermittent*: _____ (Describe frequency)
**Intermittent leave is subject to Employer approval*

Expected Begin Date: ____/____/____ Expected Return to Work Date: ____/____/____

Do you wish to apply any available Emergency Paid Sick Leave (check one):

Yes No *If "Yes", complete and submit a Time Off Request for EPSL along with this form.*

Do you wish to apply any available Paid Sick Leave or Vacation/PTO (check one):

Yes No *If "Yes", complete and submit a Time Off Request along with this form.*

Acknowledgement:

By signing below, I certify (1) I have received a copy, have read and understand the Family First Coronavirus Response Act policy or poster; (2) the reason selected for leave is factual; and (3) no other suitable person is available to care for my child. I understand falsification of any information given may lead to disciplinary action, including termination. Leave requests will be reviewed to determine employee eligibility and employee will be informed accordingly.

Employee Signature

Date

Management Use Only

Leave of Absence has been: Approved Denied; Reason: _____

Management/Admin Approval

Date

Regular Rate of Pay:	\$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary; per pay period/day (<i>circle one</i>)
Calculation of Pay:	66.67% up to \$200/day, after 10-day unpaid period, \$10,000 max.	
Duration of Paid Leave:	____/____/____ to ____/____/____	
Total Amount of Paid Leave:	\$ _____	
Earnings Code:	_____	
Tax Credit Taken:	<input type="checkbox"/> Yes	Date: ____/____/____