

Emergency Paid Sick Leave (EPSL) Request Form

The Families First Coronavirus Response Act (FFCRA) requires employers in the public sector to provide employees with up to 2 weeks of EFSL between April 1, 2021, and September 30, 2021.

Your two-week allotment of EFSL hours will be calculated based on your average hours but will not exceed 80 hours. The following are the potential COVID-19 qualified reasons an employee can take EPSL.

Please Complete and submit this request form to your Supervisor & Human Resources of your need for EFSL as soon as reasonably practicable.

Employee Name: _____ Email Address: _____

Phone #: _____ School Name: _____

Date EPSL is to begin: _____ Expected Return to work date: _____

How many hours of ESPL have you taken with any employer since April 1, 2020?

I certify that :

- I am personally subject to a quarantine or isolation order by a local, state, or federal official. **(Provide the name of the governmental agency and documentation)**
- I have been personally advised by a health care professional to self-quarantine. **(Provide the name of the health care professional and documentation)**
- I am having COVID-19 symptoms and seeking a diagnosis from a health care professional. **(Provide the name of the health care professional and test documentation)**
- I am awaiting results of a diagnostic test for Covid-19
- I must provide care for an individual subject to (1) or (2) above. **(Provide the name of the governmental agency or health care provider and documentation)**
 - Provide name(s) of the individual & relationship to you
 - I certify that am the only suitable person to provide care for this individual during my EPSL time
- I need to care for my son or daughter due to school being closed/unavailable **(Provide names of children with ages and the Name of each unavailable school or child care provider)**
 - I certify that no other suitable person is available to care for my children during the period requested leave, and no other suitable person will be providing care for my children during my EPSL time.
 - I attest Special circumstances exist requiring my need for leave to care for a child ages 15-17. (list circumstances and documentation)