



ENTERPRISE EMERGENCY PAID SICK LEAVE (EPSL) REQUEST

Please complete the below information to request the use of the Federal EPSL. Supporting documentation related to your use of the EPSL may be requested by your local HR representative.

NAME (Last Name, First Name)		JOB TITLE OR CLASSIFICATION	AGENCY / DIVISION
EMPLOYEE ID	EMPLOYEE STATUS <input type="checkbox"/> Permanent <input type="checkbox"/> Project <input type="checkbox"/> LTE <input type="checkbox"/> Seasonal <input type="checkbox"/> Trainee <input type="checkbox"/> Unclassified		
EMAIL ADDRESS		IS YOUR POSITION FULL TIME? <input type="checkbox"/> Yes <input type="checkbox"/> No	If less than full time, number of hours typically worked in a week.
SUPERVISOR NAME		SUPERVISOR EMAIL	
Anticipated Start Date of Leave		Anticipated End Date of Leave	

What is the reason for your Emergency Paid Sick Leave (EPSL) request?

If you are exempted from the safer at home order as an essential employee (including healthcare providers and emergency responders), or other applicable order, the first option below would not apply.

Healthcare providers and emergency responders are also excluded from the fourth and fifth option below.

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

What is the name of the authority who issued the quarantine or isolation order?

- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

What is the name of the medical provider who has advised quarantine?

- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

What is the name of the medical provider who you have contacted seeking a medical diagnosis?

- I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19, or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

What is the name of the authority who issued the quarantine or isolation order OR medical provider who has advised quarantine?

- I am caring for my son or daughter because their school or place of care has been closed or the child care provider is unavailable due to COVID-19 precautions.

What is the name of the school or child care facility that your child previously attended?

I certify there is no other suitable person available to care for the child during this time.

Yes

I will be requesting Emergency Family and Medical Leave (FMLA) to care for my son or daughter because their school or place of care has been closed or the child care provider is unavailable due to COVID-19 precautions.

Yes No

EMPLOYEE ACKNOWLEDGEMENT

EPSL took effect on April 1, 2020 and cannot be used before this date. If you are taking paid sick leave because you are unable to work or telework due to a need for leave because you (1) are subject to a Federal, State, or local quarantine or isolation order related to COVID-19 and are a non-essential employee; (2) have been advised by a health care provider to self-quarantine due to concerns related to COVID-19; or (3) are experiencing symptoms of COVID-19 and are seeking medical diagnosis, you will receive for each applicable hour your regular rate of pay up to a maximum of \$511 per day, or \$5,110 total over the entire paid sick leave period.

If you are taking paid sick leave because you are: (1) caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19; (2) caring for your child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 related reasons you are entitled to compensation at 2/3 of the greater of the amounts above. Under these circumstances, you are subject to a maximum of \$200 per day, or \$2,000 over the entire two-week period.

By requesting EPSL, you are affirming that you are unable to work or telework because of the COVID-19 qualifying reason.

I acknowledge the above and certify that the information I've provided in all sections of this form is true.

EMPLOYEE SIGNATURE

DATE
