EMERGENCY PAID SICK LEAVE REQUEST FORM

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| Employee Name | Employee ID Number | Date |
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| Title | Supervisor | Department |
|  |  |  |
| Leave Start Date | Leave End Date | Total Hours EPSL Requested |
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| Reason for Leave |
| I am unable to work (or telework) for the following reason:  I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.  I have been advised by a health care provider to self-quarantine because of concerns related to COVID-19.  I have symptoms of COVID-19 and I am seeking (or have sought) a diagnosis.  I am caring for an individual who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19.  I need to care for my child under age 18 because the child’s school or childcare provider is closed or unavailable because of COVID-19.  I am experiencing other conditions substantially similar to COVID-19 as specified by the Department of Health and Human Services. |

I understand that I may be required to provide documentation to support my request for EPSL.

### Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_