

EMERGENCY PAID SICK LEAVE ACT LEAVE REQUEST & NOTICE FORM

Employee Name: _____ Employee Phone Number: _____

Employee Email Address: _____

Client Name: _____ Client ID: _____

Date of Request: _____ Manager/Supervisor: _____

Reason for Leave:

I am requesting Emergency Paid Sick Leave (EPSL) because I am unable to work, or work remotely, for the following reason(s):

____(1) I am subject to a federal, state, or local quarantine, isolation, containment, shelter-in-place, or stay-at-home order (collectively "Order"), related to COVID-19.

Name of government entity issuing:

____(2) I have been advised by a health care provider to self-quarantine based on the provider's belief that I have, or may have, COVID-19, or I am particularly vulnerable to COVID-19.

Name of health care provider advising self-quarantine:

____(3) I am experiencing symptoms of fever, dry cough, shortness of breath, or another COVID-19 symptom identified by the U.S. Centers for Disease Control and Prevention.

I am taking affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment or test for COVID-19. ____ YES ____ NO

____(4) I am seeking or awaiting the results of a COVID-19 diagnosis/test

____(5) I am obtaining a COVID-19 immunization

____(6) I am recovering from an injury, disability, illness, or condition related to a COVID-10 immunization.

Dates of Immunization: _____ and _____

____(7) I am caring for an individual who is subject to a federal, state, or local Order related to COVID-19, or who has been advised by a health care provider to self-quarantine based on the provider's belief that the individual has, or may have COVID-19, or is particularly vulnerable to COVID-19.

Name of individual and relation to me:

Name of government entity issuing the Order or name of health care provider advising self-quarantine:

____(8) I am caring for my child whose school or place of care is closed, or whose child care provider is unavailable, for reasons related to COVID-19, and no other suitable person will be caring for my child(ren) during the hours when I am requesting to use EPSL ("child care leave").

Name(s) of Child(ren): _____

Child/Children's Current Age(s) and Date(s) of Birth: _____

Name of Unavailable School(s), Place(s) of Care, or Child Care Provider(s):

Duration of Leave:

If time extends beyond the designated EPSL, time may qualify for EFMLA and further documentation maybe required.

As of March 11, 2021, your employer has the right to choose whether or not to extend this EPSL coverage to allow time to be taken through September 30, 2021. This extended time does NOT add any additional pay or leave protected under EPSL. Please reach out to your Corporate HR Team to determine your company's policy.

I request permission to take days off from work: _____ through _____

OR, for child care leave only,
to be absent on an intermittent or reduced schedule: _____ through _____

If you are requesting to take child care leave on an intermittent or reduced schedule, please describe the proposed, requested schedule and explain why it is needed. (For example, reducing a 5-day workweek to working Mondays, Wednesdays, and Fridays, etc.). **Please note that requests to take EPSL on an intermittent or reduced schedule are subject to Company approval.**

Use of Paid Time Off Benefits:

Your employer may offer the option to "top off" or supplement your EPSL partial income to get to 100% of your normal base salary/hourly rate. Please reach out to your manager for your company's specific practices.

By submitting this form with the information provided by the employee, the employee acknowledges the information provided by the employee is true and complete. The employee understands that any incorrect, incomplete, or false statements furnished by the employee may result in sufficient cause for denial of leave and/or disciplinary action. The employee agrees to provide the employer with any

documentation requested to validate the reasons for leave. The employee also grants permission for the employer to verify information furnished by the employee regarding leave. The employee acknowledges that they have read and understood the information in this document, and agrees to comply with the employer's policies and procedures related to EPSL, as well as any other applicable policies and rules related to this leave request.

Employee Signature: _____

Date of Signature: _____

Manager Signature: _____

Date of Signature: _____

Please submit this request form to the Human Resources Representative or designated individual.