



EMERGENCY PAID SICK LEAVE REQUEST FORM

Name:	Social Security #:	Date:
Job Title:	Department:	Employee #:
Immediate Supervisor:	Work Phone #:	Daytime Phone #:
Mailing address:		
Personal email:		Date of Hire:

☐ Initial Request☐ Extension Request

Date of Absence Begins:	Date of Absence Ends:	Return to Work Date:
☐ Intermittent Request (specify dates or hours)		

Reason for Leave: (check all applicable) I am unable to work (or telework) for the following reasons:

- ☐ 1. I have been advised by a Health Care professional to self-quarantine due to concerns related to COVID-19
- ☐ 2. I am experiencing symptoms related to COVID-19 and I am seeking a diagnosis
- ☐ 3. I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19. Relationship to individual _____
- ☐ 4. I am experiencing other conditions substantially similar to COVID-19 as specified by the Department of Health and Human Services

Please attach Health Care provider's certification and/or recommendations for 1-4

***Compensation for EPSL granted for up to 10 days at 100% of regular rate of pay for reasons (1) & (2) up to \$511/day and \$5,110 aggregate (80 hours max)**

***Compensation for EPSL granted for up to 10 days at 2/3 of regular rate of pay for reasons (3) & (4) up to \$200/day and \$2,000 aggregate (80 hours max)**

If applicable, are you electing to use your accruals to make up for the additional 1/3 pay for reason (3) or (4)? Yes ☐ No ☐

If yes, please specify type of accrual: _____ # of hrs. _____

Has your department offered you an alternative work schedule? Yes ☐ No ☐ Did you accept? Yes ☐ No ☐

If no, why not? _____

Has your department offered you to telecommute? Yes ☐ No ☐ Did you accept? Yes ☐ No ☐

If no, why not? _____

I understand that if my circumstances change, I must immediately inform my supervisor and I may be directed to report back to work (or telework). I certify under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Department Head	
☐ Approved ☐ Not Approved	Signature: _____ Date: _____
Director of Human Resources	
☐ Approved ☐ Not Approved	Signature: _____ Date: _____
Payroll Codes to Use: _____	
Eligible for EPSL ☐ Yes ☐ No	