

**Emergency Paid Sick Leave (EPSLA)
Emergency Family and Medical Leave (EFMLEA)
Employee Request Form**

To request leave on the basis of the Emergency Paid Sick Leave Act (EPSLA) or the Emergency Family and Medical Leave Expansion Act (FMLEA), please complete the following request form and submit to Human Resources prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Name (print clearly): _____

Requested Leave Start Date: _____ Estimated End Date: _____

Only Select 1 below - the most appropriate Box

The reason for this **Emergency Paid Sick Leave (EPSLA)** is

- The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19
- The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- The employee is experiencing symptoms of COVID-19 and seeking medical diagnosis
- The employee is caring for an individual who is subject to an order or self-quarantine
- The employee is caring for a son or daughter if school or child-care is closed/unavailable
- The employee is experiencing “any other substantially similar condition” specified by HHS

The reason for this **Emergency Family and Medical Leave (EFMLEA)** is:

- The employee is unable to work or telework due to the need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed or unavailable due to a public health emergency

Determination of eligibility for leave under the EPSLA or EFMLEA, and/or additional documentation or clarification of documentation, may be required prior to making final EPSLA or EFMLEA determination to approve or deny an EPSLA or EFMLEA leave request. Please contact Human Resources with any questions.

Employee Signature: _____ Date: _____