

# EMERGENCY PAID SICK LEAVE ACT & EMERGENCY FAMILY MEDICAL LEAVE ACT REQUEST FORM

It is required that all EPSLA & EFMLA leave requests to be made using this form. **Forms must be accompanied by substantiation documentation to support the requested leave.** Refer to the Emergency Paid Sick Leave Act (EPSLA) & Emergency Family Medical Leave Act (EFMLA) legislation for more information. If an employee is not present to sign this form, documentation of a written request from the employee can be attached in lieu of a signature.

## Employee Information

Employee name: \_\_\_\_\_ Department: \_\_\_\_\_

Leave start date: \_\_\_\_\_ Anticipated duration of leave: \_\_\_\_\_

Intermittent Leave Needs: \_\_\_\_\_

## Reason for Leave

Select the reason for requested leave. All leave requests require documentation to validate the request for leave as required by the Department of Labor. Examples of valid substantiation are highlighted after each Reason for Leave.

\_\_\_\_ (1) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19. [Copy of the quarantine or isolation order. State "stay home" orders do not qualify as isolation orders.](#)

\_\_\_\_ (2) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. [Provider written recommendation to quarantine.](#)

Name of health care provider: \_\_\_\_\_

\_\_\_\_ (3) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. [Provider written recommendation to quarantine.](#)

Name of health care provider: \_\_\_\_\_

\_\_\_\_ (4) The employee is caring for an individual who is subject to an order as described in (1) or has been advised as described in (2). [Provider written recommendation to quarantine.](#)

Name of cared for individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_ (5) The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions. [Copy of a public notice regarding shut-down, communication from school or child-care facility, notice in the newspaper.](#)

Name of cared for individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

By requesting this leave I represent that no other suitable person is available to care for the child during the period of requested leave. Employee Initials \_\_\_\_\_

\_\_\_\_ (6) The employee is experiencing any other substantially similar condition specified by the Department of Health and Human Services. [Provider written recommendation to quarantine.](#)

## Acknowledgment and Signature

I acknowledge that I have read this request form and accurately completed it. Signature on this form is an acknowledgement that I am unable to work due to the Reason for Leave indicated.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_