

Emergency Paid Sick Leave Act: Employee Request for Leave Form

This form must be completed and returned to _____ before any request for leave under the Emergency Paid Sick Leave Act (the "E-PSL") will be approved. Questions about the E-PSL or this form should be directed to _____.

Employee Name: _____ Employee Identification Number: _____

Today's Date: _____

Reason for Leave Request: You are unable to work or telework because you

- Are subject to a federal, state, or local quarantine or isolation order related to COVID-19¹
- Have been advised by a health care provider to self-quarantine related to COVID-19
- Are experiencing COVID-19 symptoms and are seeking a medical diagnosis
- Are caring for an individual subject to a federal, state, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine related to COVID-19²
- Are caring for a child whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19³
- Are experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services

E-PSL is paid leave for up to two weeks. E-PSL leave for your own personal quarantine or isolation order, or to a seek medical diagnosis, will be paid at your full regular pay up to a maximum of \$511 per day. For all other qualifying reasons, E-PSL leave will be paid at 2/3rds your regular pay up to a maximum of \$200 per day.

Date Requested Leave is to Begin: _____, 2020

Date Requested Leave Will End: _____, 2020

E-PSL is only available for use from April 1, 2020, through December 31, 2020, and only for a qualifying reason occurring during that period.

Are you Requesting Intermittent Leave: Yes ___ No ___

If yes, please explain the requested intermittent periods of leave:

(The company will determine whether or under what conditions intermittent E-PSL will be allowed. Applicable limitations will be discussed with you when your request is processed.)

¹ In most cases a general government "stay home" or "shelter in place" order will not meet this criteria, because such an order usually also results in no or less available work; E-PSL is for leave from work you would otherwise need to perform. An order specifically directed to you usually will meet this criteria, provided work is otherwise available to you and you are unable to work or telework because of the order.

² As with the employee's own situation, in most cases a general government "stay home" or "shelter in place" order will not meet this criteria, but an order specifically directed to the individual for whom you are caring usually will.

³ Leave for this reason will run concurrently with E-FMLA. Please see that request form for additional information.

Additional Information Required Supporting Reason for Leave:

- You are unable to work or telework due to the COVID-19 reason indicated above because:

- Name of the federal, state, or local government entity issuing the order placing you **or** the individual for whom you are caring in quarantine or isolation related to COVID-19:

- Name of the health care provider advising self-isolation for you **or** the individual for whom you are caring for reasons related to COVID-19: _____

- If caring for another individual under a quarantine order or health care provider recommended self-isolation:

Please provide the name of the individual: _____

You confirm that the individual listed above is an immediate family member, a person who regularly resides in your home, or a similar person with whom you have a relationship that creates an expectation that you would care for that person if they were quarantined or self-quarantined. _____ (initial).

- For caring for a child due to closure of school or place of care, or whose child care provider is unavailable for reasons related to COVID-19:

Child(ren)'s name(s) and age(s): _____

Name(s) of school(s) or place(s) of care that has been closed or name of care giver who is unavailable: _____

You confirm that no other person will be providing care for the child during the period for which you would be receiving E-PSL leave. _____ (initial).

For a child 15 years of age or older, you confirm that you are unable to work or telework during daylight hours because special circumstances exist requiring you to provide care. _____ (initial)

Use of E-PSL for caring for a child runs concurrently with E-FMLA. Please see the E-FMLA request form. Please note, for E-FMLA you may elect to use any available company provided paid leave instead of E-PSL for the first two weeks of E-FMLA.

Have you used any E-PSL hours while working for any other employer since April 1, 2020?

Yes ___ No ___ If yes, please identify the other employer and the number of hours of E-PSL used with that employer: _____.

I certify that the information I have provided is accurate. I understand that it is my responsibility to notify _____ immediately if there is any change to my leave request above.

Employee signature

Date