

LEAVE REQUEST FORM—EMERGENCY PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE

Name	Employee ID
Department/campus	Position
Email	Phone number
Date	Duration of leave (<i>specify dates requested</i>)

Leave benefits under the Families First Coronavirus Response Act (FFCRA) apply for the limited time period of April 1, 2020 to December 31, 2020. The amount of paid leave an employee may receive will vary depending on the reason leave is taken. Detailed information is available in the Employee Rights notice that can be found _____.

An employee requesting emergency paid sick leave and expanded family and medical leave must complete this form and return it to _____ as soon as the need for leave is identified. Documentation supporting the need for leave should be included when the request is submitted.

Emergency Paid Sick Leave (EPSL) is limited to 80 hours of paid leave at the following rates:

- Self: regular rate of pay up to \$511 per day
- For care of an individual or a child: two-thirds the regular rate of pay up to \$200 per day

Expanded Family and Medical Leave (EFML) provides up to twelve weeks of leave to care for a son or daughter when school is closed or child care is unavailable due to COVID-19. The first two weeks are unpaid, although the employee may access EPSL or other paid leave during this time. The remaining 10 weeks is two-thirds the regular rate of pay up to \$200 per day.

I request leave for the following reason(s):

Self

____ I'm subject to a federal, state, or local quarantine or isolation order related to COVID-19.

____ I've been advised to self-quarantine by a health care provider.

____ I'm experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

____ I'm experiencing any other substantially-similar conditions specified by the U.S. Department of Health and Human Services.

Care for other individual or child

____ I'm unable to work in order to care for a minor child because their school is closed or child care is not available due to COVID-19.

____ I'm unable to work in order to care for an individual subject or advised to quarantine or isolate.

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Accrued leave use

I choose to use:

____ EPSL during this absence

____ My accrued paid leave for ____ days during this absence

____ Accrued paid leave to “top off” the 2/3 pay covered by EPSL or EFML so I receive 100 percent of my regular rate of pay **(only include if allowed by the employer)**

Designation *(completed by HR Department):*

____ The employee qualifies for EPSL.

____ The employee does not qualify for EPSL.

____ The employee qualifies for ____ weeks of EFML.

____ The employee does not qualify for EFML.

For office use only:

Date of Employment _____

Medical certification provided ____ Yes ____ No

Approved by: _____
Name and title

Date: _____

