



# REQUEST FOR EMERGENCY PAID SICK LEAVE (EPSL) FOR EMERGENCY RESPONDERS AND HEALTH CARE PROVIDERS

State Form 56942 (R2 / 9-20)  
STATE PERSONNEL DEPARTMENT

**INSTRUCTIONS:** Complete and submit form to your Human Resources (HR) Representative and your Supervisor.

Name of employee		People Soft identification number
Agency		
Telephone number ( )	E-mail address	

I certify the following information is true and accurate: *(Check appropriate boxes.)*

- I am a full-time employee, or
- I am a part-time, intermittent, or temporary employee.
  - In the past six (6) months, I have been regularly assigned to work \_\_\_\_\_ hours per pay period.
- And I am designated as an **emergency responder or health care provider**, during the COVID-19 pandemic, and am using EPSL for a legal COVID-19 quarantine to which I am personally subject under (a) or personal COVID-19 illness under (b) or (c).

I am **unable** to work remotely or onsite and need up to 80 hours (full-time employees) continuous EPSL for one or more of the following reasons:

- (a) I am personally subject to a Federal, State, or local quarantine or isolation order related to COVID-19
  - e.g., I am required to quarantine myself after travel or residing with someone confirmed or presumed positive for COVID-19.
  - Duration of Order: \_\_\_\_\_ days**
  - A "Stay at Home" order issued by Federal, State, or Local authorities is not sufficient to qualify for this leave.
- (b) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- (c) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
  - Under (c) I acknowledge I must remain off work until I meet **BOTH** criteria below:
    - at least twenty-four (24) hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
    - at least ten (10) days have passed since symptoms first appeared or I was last in the workplace whichever occurred later.

I am **able** to work **remotely** under (a) or (b) above, but not for the total number of hours in my assigned work schedule.

- I acknowledge I may be required to work remotely during hours outside my previous work schedule.
- I propose the following schedule of work and/or leave. I understand my schedule will not be final until approved by my supervisor, and if work is available and I have the capability to perform that work remotely, then leave is not available for those work hours.

Total work hours per week \_\_\_\_\_ proposed. Total leave hours per week \_\_\_\_\_ requested.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work							
Leave							

**I will complete my timesheet in accordance with instructions and approvals below.**

- I acknowledge this paid leave is capped at \$511 daily and \$5,110 in the aggregate; therefore, if my full salary is above those caps, I may augment using available accrued leave or earned comp time.
- I intend to augment EPSL using the following leaves in the stated order:  
 \_\_\_\_\_ Sick Leave – SICK                      \_\_\_\_\_ Personal Leave – PER  
 \_\_\_\_\_ Vacation Leave – VAC                      \_\_\_\_\_ Earned Comp Time Used – CTKN
- I choose NOT to apply any other leaves and will receive pay (up to \$511 daily and \$5,110 total) using EPSL only.

NOTE: Due to the complicated calculations required for determining amounts of leave necessary to augment to full pay, timesheets and leave balances may be adjusted by payroll staff.

See [Instructions for Recording Time in Time and Labor for EFML and EPSL](#).

Begin date (month, day, year)	Estimated end date (month, day, year) *
Signature of employee (A typed signature is sufficient.)	Date of request (month, day, year)

**This section to be completed by an HR representative in consultation with the supervisor.**

Number of hours EPSL approved	Date of approval (month, day, year)
Name of approver	Title of approver