



REQUEST FOR EMERGENCY PAID SICK LEAVE (EPSL)

State Form 56941 (R2 / 9-20)
STATE PERSONNEL DEPARTMENT

NOTE: This form is for employees who are NOT emergency responders or health care providers.

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

Name of employee		People Soft identification number
Agency		Name of supervisor
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 not designated as an emergency responder or health care provider, during the COVID-19 pandemic.
- I am **unable** to work onsite or remotely at all and need continuous leave.
- I am **able** to work onsite and/or remotely but not for the total number of hours in my assigned work schedule.
 - I acknowledge I may be required to work onsite or 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 (onsite, remotely, or in combination), 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 need up to eighty (80) hours (full-time employees) Emergency Paid Sick Leave (EPSL) for one or more of the following reasons. The maximum number of hours of EPSL applies to all reasons, not each reason, this leave is taken between April 1 and December 31, 2020. If you are assigned to work remotely or in an assigned worksite, you may use EPSL in fifteen (15) minute increments to complete your timesheet.

(Check all applicable boxes and attach supporting documentation / complete chart in (e).)

- (a) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. (e.g., EO 20-18 and particularized orders such as I am required to quarantine myself after travel or residing with someone confirmed or presumed positive for COVID-19) **Duration of Order: _____ days**
 - Use of leave under an order by a Federal, State, or local authority is limited to time you are unable to work on site or remotely.
 - If able to work remotely during this time period, complete the schedule above; however, if work can be done only onsite, check box above for continuous leave.
- (b) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 - If able to work remotely during this time period, complete the schedule above; however, if work can be done only onsite, check box above for continuous leave.
- (c) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 - Under (c) I acknowledge I must remain off work continuously 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.
- (d) I am caring for an individual who is subject to a Federal, State, or local order for quarantine or isolation described in (a) above OR has been advised by a health care provider to self-quarantine described in (b) above.
 - If able to perform some work onsite or remotely during this time period, complete the schedule above.
 - If unable to perform any work onsite or remotely, check box above for continuous leave.
- (e) I am caring for my child, under age eighteen (18) or with a disability under the Americans with Disabilities Act (ADA), because the elementary or secondary school or place of care of the child has been closed or is unavailable, due to COVID-19 precautions.
 - If able to perform some work onsite and/or remotely during this time period, complete the schedule above.

Name of Child	Name of School or Daycare Provider	Telephone Number / E-Mail Address / URL

- (f) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.
- Under (f) 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 will complete my timesheet in accordance with instructions and approvals below.

If I am taking leave under provisions (a), (b), or (c) above:

- I acknowledge this leave is paid at my full pay rate and is capped at \$511 daily and \$5110 in the aggregate; therefore, if my full salary is above those caps, I may choose to augment using available accrued leave or earned comp time.
- I choose NOT to apply any other leaves and will receive pay (up to \$511 daily and \$5110 total) using EPSL only.

If I am taking leave under provisions (d), (e), or (f) above:

- I acknowledge this leave is paid at 2/3 pay rate, not to exceed \$200 daily and \$2,000 in the aggregate; therefore, if my full salary is above those caps, I may choose to augment using available accrued leave or earned comp time.
- I choose NOT to apply any other leaves and will receive 2/3 of my pay (up to \$200 daily and \$2,000 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](#).

Number of hours EPSL requested	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)

* If you are assigned to work remotely or in an assigned worksite, you may use EPSL in fifteen (15) minute increments to complete your timesheet; therefore, the Estimated End Date may be more than ten (10) workdays after the Begin Date.

This section to be completed by an HR representative in consultation with the supervisor and then sent to the employee and agency payroll staff.

The following schedule is approved from _____ to _____
 (month, day, year) (month, day, year)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work							
Leave							

Notes about scheduling requirements and options:

- Employee has declared intent 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
- Continuous leave approved from _____ to _____
 (month, day, year) (month, day, year)
- Intermittent use of leave and work onsite or remotely approved in accordance with schedule, notes, and use of other leaves as described above.

Name of supervisor	Date of approval (month, day, year)
Name of HR representative	Date of approval (month, day, year)