

# Emergency Paid Sick Leave (EPSL)

## – Request Form – SAMPLE

*Instructions:* Please use this form to formally request emergency paid sick leave and attach any documentation to support your request. If you are requesting the leave due to school closure or loss of childcare due to the COVID-19 pandemic, you must also fill out the corresponding Emergency FMLA request forms if you want that additional benefit. This form should only be used if you are unable to work (or telework).

Employee Name:	Phone Number:
Department:	Email Address:
Job Title:	Supervisor:
Effective Date of Leave:	Anticipated Return Date:

### Part A - Reason for Leave:

- I am subject to a state, federal, or local quarantine or isolation order related to COVID-19
- I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19
- I have symptoms related to COVID-19 and I am seeking a diagnosis
- I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19
- I need to care for my child under age 18 because the child's school, childcare center or childcare provider is closed or unavailable because of COVID-19\*
- I am experiencing other conditions substantially similar to COVID-19 as specified by the Department of Health and Human Services

\*If requesting leave for this reason, skip Part B – Documentation of Need for Leave

Please Check One:

- Continuous Leave                       Intermittent Leave\*

\*NOTE: Intermittent leave would not be available if work is solely onsite and the qualifying reason relates to one's own health.

If leave is requested to be intermittent, please describe the proposed schedule below:

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Check if Desired:

- If allowed, I would like to use any accrued paid time off to supplement my unpaid hours.

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## Part B – Documentation of Need for Leave (quarantine/isolation)

Name of Health Care Provider/Governmental Entity:	
Health Care Provider Address:	
Health Care Provider Phone Number:	
Name of Associated Hospital/Clinic (if applicable):	
Date of Service:	
Full Name of Quarantined Individual (if not employee):	
Relationship to Employee (if applicable):	

I understand that while on leave and receiving paid leave I will not be performing my job duties with the expectation of additional compensation. I may, however, be entitled to intermittent leave and/or to utilize accrued paid time off to supplement my income.

I also understand that providing false and/or misleading information regarding my need for EPSL may lead to disciplinary action up to, and including, termination of employment.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

*This form is a sample only, and it does not address all potential compliance issues with federal, state, or local standards. Nor is it meant to be exhaustive or construed as legal advice. Consult your legal counsel to address possible compliance requirements.*