

**EMERGENCY PAID SICK LEAVE ACT (EPSLA)  
REQUEST FOR LEAVE**

Please complete and submit this form to Human Resources. Failure to provide the additional information as indicated in section (B) below may result in delaying or denying your request for leave under the Emergency Paid Sick Leave Act (“EPSLA”). Once the Company receives and reviews the information from you, the Company will then inform you whether your leave will be designated as EPSLA leave. For questions about this form or EPSLA leave, please contact Human Resources.

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

Title/Position: \_\_\_\_\_

Reports To: \_\_\_\_\_

Date Form Submitted/Leave Requested: \_\_\_\_\_

(A) Please identify the reason(s) for leave:

I am unable to work or telework because I:

- (1) Am subject to a federal, state, or local quarantine or isolation order related to COVID-19
- (2) Have been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- (3) Am experiencing symptoms of COVID-19 and seeking a medical diagnosis
- (4) Am caring for an individual who: (a) is subject to a federal, state, or local quarantine or isolation order related to COVID-19; or (b) has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- (5) Am caring for my child whose school or place of care has been closed or whose child care provider is unavailable for reasons related to COVID-19
- (6) Am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services

*Note: EPSLA is paid leave for up to two weeks. If you are unable to work (or telework) for reasons due to a COVID-19 circumstance described in (1), (2), or (3) above, you will be paid at your regular rate of pay up to a maximum of \$511 per day. If you are unable to work (or telework) for reasons due to a COVID-19 circumstance described in (4), (5), or (6) above, you will be paid at 2/3 your regular rate of pay up to a maximum of \$200 per day.*

(B) Please provide additional information to support the reason(s) for the leave:

- I am unable to work or telework due to the COVID-19 reason(s) indicated above because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Name of the federal, state, or local governmental entity placing me in quarantine or isolation related to COVID-19: \_\_\_\_\_  
\_\_\_\_\_

Name, title and address of the health care provider advising me to self-quarantine due to concerns related to COVID-19: \_\_\_\_\_  
\_\_\_\_\_

Name of the federal, state, or local governmental entity placing the individual for whom I am caring in quarantine or isolation related to COVID-19: \_\_\_\_\_  
\_\_\_\_\_

The name of the individual for whom I am caring and relation to me: \_\_\_\_\_  
\_\_\_\_\_

Name, title and address of the health care provider advising the individual for whom I am caring to self-quarantine due to concerns related to COVID-19: \_\_\_\_\_  
\_\_\_\_\_

The name of the individual for whom I am caring and relation to me: \_\_\_\_\_  
\_\_\_\_\_

For caring for my child(ren) due to closure of school or place of care, or child care provider unavailability for reasons related to COVID-19:

○ Name(s) and ages(s) of the child(ren): \_\_\_\_\_  
\_\_\_\_\_

○ Name(s) of school(s) or place(s) of care that has been closed or name of care giver provider who is unavailable due to COVID-19 precautions:  
\_\_\_\_\_  
\_\_\_\_\_

○ I confirm that no other person will be providing care for my child(ren) during the period for which leave is requested, and that if such child(ren) is older than fourteen, special circumstances exist requiring me to provide care. \_\_\_\_\_  
(initial)

(C) Please provide the dates of the requested leave:

Leave to begin on: \_\_\_\_\_

Leave to end on: \_\_\_\_\_

*Note: EPSLA leave is only available for use from April 1, 2020, through December 31, 2020, and only for a qualifying reason occurring during that period.*

(D) Have you used any EPSLA leave hours while working for any other employer since April 1, 2020? Yes \_\_\_ No \_\_\_

If yes, please identify the other employer and the number of EPSLA leave hours used with that employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(E) Are you also requesting leave under the Emergency Family Medical Leave Expansion Act (“EFMLEA”) for this requested leave period?<sup>1</sup> Yes \_\_\_ No \_\_\_

If yes, please complete and submit an EFMLEA leave request form along with this form. Please note that leave under EPLSA and EFMLEA will run concurrently during such period.

(F) Are you requesting intermittent leave? Yes \_\_\_ No \_\_\_

If yes, please explain the requested intermittent periods of leave. There may be limitations on your ability to use intermittent leave. Applicable limitations will be discussed with you when your request is processed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: The Company will determine whether your requested intermittent EPSLA leave will be allowed.*

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

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

<sup>1</sup> Note, EFMLEA leave is only available for leave to care for a dependent child whose school or daycare is closed, or whose care provider is unavailable, due to COVID-19, and is also only available for use for a qualifying event from April 1, 2020 through December 31, 2020.