

**June 29, 2020**

**Emergency Paid Sick Leave Act (EPSLA)**

**Under Families First Coronavirus Response Act**

**OPTIONAL DOCUMENTATION CHECKLIST**

***This checklist has been created for the convenience of our employees. It is an optional form to facilitate EPSLA leave requests dialogue with your supervisor. While the checklist is optional, the identification and the required documentation is not. The written request is to be submitted to the 1st line Supervisor.***

 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

REQUESTED LEAVE DATES: FROM: \_\_\_\_\_\_ TO: \_\_\_\_\_\_\_ # of Hours: \_\_\_\_\_

FROM: \_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_ # of Hours: \_\_\_\_\_

**I am unable to work or telework, therefore; I am requesting to use Emergency Paid Sick Leave (EPSLA) leave in accordance with the Families First Coronavirus Response Act (FFCRA).** I am requesting EPSLA under the following qualifying reason:

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|  **100% Pay for Qualifying Reasons 1 through 3, up to $511 daily and $5,110 total**  |
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| **o #1**  **I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.**  |
| o **I am providing the name of the government entity that issued the quarantine or isolation order (not stay at home order) for this qualifying reason.** |

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| **o #2**  **I have been advised by a health care provider to self-quarantine related to COVID-19.** o **I am providing medical documentation and the name of the healthcare provider who advised me to self-quarantine due to concerns related to COVID-19 for this qualifying reason.** |

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| **o #3 I am experiencing COVID-19 symptoms and I am seeking a medical diagnosis.**o **I am providing the name of my healthcare provider and the date of my medical appointment.** |

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|  **2/3 Pay for Qualifying reasons 4-6, up to $200 daily and $2,000 total**  |
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| **o #4**  **I am caring for an individual subject to an order described in #1 or self-quarantine as described in #2.**o **I am providing the name and documentation of the government entity that issued the quarantine or isolation order (not stay at home order) to which the individual being cared for is subject; or medical documentation to support the name of the health care provider who advised the individual being cared for or to self-quarantine due to concerns related to COVID-19 for this qualifying reason.**  |

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| **o #5**  **I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons.**o **I am providing the name of my child being cared for; school name; documentation of the place of care or childcare provider that has closed or is unavailable, as well as a representation that no other suitable person will be caring for the my child during the period for which the employee takes EPSLA sick leave for this qualifying reason.**  |

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| **o #6 I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services,** in consultation with Secretaries of Labor and Treasury. (These conditions are to be determined as the DOL issues implementing guidance.)  o **To be determined by an appropriate professional and for which medical documentation is available.**  |

**I have been advised that the Time and Attendance System may not be programmed to differentiate rates of pay based on qualifying reasons. I understand that if I reject management’s recommendation and guidance to change or accept the time and attendance record, that I may incur a debt due to overpayment of EPSLA sick leave entitlement that may be collected at a later time.**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_**