



Emergency Paid Sick Leave (EPSL) Form

Families First Coronavirus Response Act (FFCRA) | April 1, 2020 – March 31, 2021

Section I: Employee Information

Employee's Full Name

Position Title

Agency/Division

Employee ID Number

Regular scheduled work hours over a 2-week period

Section II: Leave Request Information

Please indicate the reason why you are unable to work or telework (*only 1 option may be selected*):

- ☐ I am subject to a Federal, State, or local government quarantine/isolation order related to COVID-19.
- ☐ I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
- ☐ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- ☐ I am caring for an individual who is subject to a Federal, State, or local government quarantine/isolation order or has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
- ☐ I am caring for my minor child because my child's school/daycare has been closed or daycare provider is unavailable, due to COVID-19 precautions (***please also refer to Emergency Family and Medical Leave Request and Certification Form***).

Please indicate the dates for leave:

Starting Date _____
Ending Date _____
Return Date _____

Please indicate the type of leave you will be using with your EPSL request: *Indicate the type(s) of leave you will be using in addition to the paid EPSL benefit and the number of hours for each leave type. You may select more than one type of supplemental paid leave.*

- ☐ Annual _____
- ☐ Sick _____
- ☐ NONE
- ☐ Compensatory _____
- ☐ Administrative _____
- ☐ Personal _____

Section III: Verification and Acknowledgment

Employee's Signature

Date

Supervisor's Acknowledgment

Date

Section IV: EPSL Request Status

☐ Approved

☐ Denied

Appointing Authority's Signature

Date