

## Request for Emergency Paid Sick Leave (EPSL)

I hereby request emergency sick leave pay (EPSL) available under the Families First Coronavirus Response Act (FFCRA) for the qualifying reason indicated below and have provided the required information on page 2 of this form.

Employee Name	Hire Date	Date Submitted
<b>Reason for emergency paid sick leave (EPSL):</b>		
<input type="checkbox"/>	1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;	<p>To request emergency paid sick leave (EPSL) due to a quarantine order or self-quarantine advice from a health care provider (reasons # 1-4), you must provide the following information:</p> <ul style="list-style-type: none"> <li>• For reason #1: name, address, &amp; phone # of the health care professional advising self-quarantine OR name of the governmental entity ordering quarantine;</li> <li>• For reason # 2-3: name of clinic, telemed service, or hospital, and date of service;</li> <li>• For reason # 4: full name of the individual subject to quarantine and their relationship to the employee.</li> </ul>
<input type="checkbox"/>	2. I have been advised by a health care provider to self-quarantine related to COVID-19;	
<input type="checkbox"/>	3. I'm experiencing COVID-19 symptoms and seeking a medical diagnosis;	
<input type="checkbox"/>	4. I am caring for an individual who: <ul style="list-style-type: none"> <li>• is subject to a COVID-19-related Federal, State, or local quarantine or isolation order, or</li> <li>• has been advised by a health care provider to self-quarantine related to COVID-19;</li> </ul>	
<input type="checkbox"/>	5. I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19;*	<p>To request emergency paid sick leave (EPSL) because your child's school is closed or their childcare provider is unavailable due to a public health emergency (reason #5), or due to a substantially similar qualifying condition (reason #6), you must provide the following information:</p> <ul style="list-style-type: none"> <li>• For reason #5: <ul style="list-style-type: none"> <li>○ The name, address, and phone # of the school or place of care that is unavailable;</li> <li>○ Full name and age of child(ren) to be cared for, including a statement of special circumstances for any child older than 14;</li> </ul> </li> <li>• For reason #6: a statement detailing the qualifying condition &amp; special circumstances.</li> </ul>
<input type="checkbox"/>	6. I am experiencing a substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.	

## Employee EPSL Certification

PLEASE PROVIDE THE FOLLOWING INFORMATION:	
To request emergency paid sick leave (EPSL) due to a <b>quarantine order or self-quarantine advice from a health care provider</b> , you must provide the following information:	To request emergency paid sick leave (EPSL) because <b>your child's school is closed or their childcare provider is unavailable due to a public health emergency</b> , you must provide the following information:
<b>REASON #1:</b>	<b>REASON # 5:</b>
<b>Health Care or Government Entity Ordering Quarantine</b>	<b>School or Place of Childcare</b>
Name:	Name:
Address:	Address:
Phone #:	Phone #:
<b>REASONS #2 - 4:</b>	<b>Full name and age* of child(ren) to be cared for</b>
<b>Name of clinic/hospital/telemed service</b>	1. 2. 3. 4. 5.  *Required for any child older than age 14: in the space below, describe the special circumstances that require you to provide care during daylight hours.
<b>Date of service:</b>	
<b>REASON # 4 only:</b>	
<b>Full name of individual subject to quarantine:</b>	
<b>Relationship to employee:</b>	

**SPECIAL CIRCUMSTANCES (Reasons # 5-6):** Provide details of any special circumstances related to this request.

I certify that:

- I will promptly notify the Company of my need for EPSL and provide documentation (including follow-up documentation, if requested) to support my request for EPSL pay;
- If applicable, no other person will be providing care for the child(ren) named above during the period for which I am receiving EPSL pay;
- I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment.

Employee Signature

Date