

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT
EMERGENCY PAID FAMILY MEDICAL LEAVE ACT (EPFMLA)
LEAVE OR SICK REQUEST FORM**

Directions for applying for leave under EPFMLA or EPSLA:

- Employee must complete this request form and return to their HR Department
- For questions and submission of forms please contact your HR Department at _____

SECTION 1 – LEAVE REQUEST DATA

After HR Department review, you will be notified in writing as to the status of your leave request.

Employee Name: _____ Ph #: _____ Alt Ph #: _____

Address: _____
Street City State Zip

Requested leave beginning date: _____ Ending Date: _____

Type of Leave Request:

- Emergency Paid Sick Leave Act (EPSLA)
- Emergency Paid Family & Medical Leave Act (EPFMLA)

Reason for request:

I attest that I am unable to work or telework due to the following reason(s):

- Employee subject to quarantine or isolation order, to seek diagnosis, preventative care or diagnosis for Coronavirus
- Caring for an individual who is subject to quarantine or isolation order or advised to self-quarantine

Quarantine or Isolation Order Issued by:

Gov't Agency Name: _____ Ph #: _____

Address: _____
Street City State Zip

Healthcare Provider Name: _____ Ph #: _____

Address: _____
Street City State Zip

- Caring for son or daughter due to closed school or childcare
- I represent that no other suitable person will be caring for the child during the period of leave

Child Name: _____

School/Childcare Name: _____ Ph #: _____

Address: _____
Street City State Zip

Intermittent Leave Request: Intermittent Leave Requests are only approved by mutual agreement of employer and employee

Are you requesting intermittent leave: [] Yes [] No

If YES, explain why schedule requested: _____

Are you requesting a reduced work schedule: [] Yes [] No

If YES, explain why schedule requested: _____

SECTION 2 – EMPLOYEE ENTITLEMENT AND RESPONSIBILITIES

- During my EPFMLA and/or EPSLA eligible period of leave, I understand that any employee benefit costs will be deducted from my pay through the normal payroll deductions. If I exhaust my available paid leave benefits, I understand that I will be responsible to pay my portion of all employee benefits.
- During my EPFMLA and/or EPSLA eligible period of leave, my available emergency paid sick time will be paid out first and then my available emergency paid family medical leave time or other paid time off will be utilized until exhausted, after which, all leave will be unpaid.
- I am responsible for notifying my HR Department immediately, in writing, of any changes in the leave period.

Employee Name *(Please Print)*: _____

Employee Signature: _____ **Date:** _____

Supervisor Name *(Please Print)*: _____

Supervisor Signature: _____ **Date:** _____

Human Resource Name *(Please Print)*: _____

Human Resource Signature: _____ **Date:** _____