

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

## PERSONNEL ACTION CHECKLIST

Covered employers are required to post a general notice in the workplace to notify employees of their rights under the Families First Coronavirus Response Act (FFCRA).

### 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: \_\_\_\_\_

### EMPLOYEE ELIGIBILITY

Is the employee eligible to take EPFMLA:

- Employed for 30 days

Is the employee eligible to take EPSLA:

- Employed one day

Is the reason for the leave covered by the EPFMLA:

- Employee subject to quarantine or isolation order, to seek diagnosis, preventative care or diagnosis for Coronavirus
- Caring for an individual who subject to quarantine or isolation order or advised to self-quarantine. Quarantine of Isolation Order Issued by:
- Caring for son or daughter due to closed school or childcare

### EMPLOYEE REQUESTS EPFMLA LEAVE

Send the employee the following forms:

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

Date Notice Provided: \_\_\_\_\_

- Notice requiring documentation to support the COVID-19 qualifying reason

Send the employee an email notification that you have received the employee's request to take EPFMLA or EPSLA within two (2) business days of receiving the "Employee Request Form".

Date Notice Provided: \_\_\_\_\_

**Supporting Documentation:**

- Employee must provide the requested supporting documentation within 15 calendar days after the request to take EPFMLA or EPSLA, unless it is not feasible under the circumstances.

Date Documentation received: \_\_\_\_\_

- Supporting Documentation is complete or sufficient:  Yes  No

**Returning from EPFMLA:**

- Send the employee an email notification that their EPFMLA leave period is coming to an end in two weeks and that you are seeking confirmation of the employee's intent to return.

Date Notice Provided: \_\_\_\_\_

- Received confirmation employee is returning from leave on Date: \_\_\_\_\_

**Payroll Notification for Tax Credit Tracking:**

- Notified payroll to ensure appropriate tracking of all hours and payroll paid to employee under Emergency Paid Family & Medical Leave Act (*EPFMLA*) and Emergency Paid Sick Leave Act (*EPSLA*)