

Emergency Paid Sick Leave Act (EPSL) Request Form

Instructions: Emergency Paid Sick Leave (EPSL) provides *up to 80 hours* of emergency paid sick leave for employees (*applicable to ALL employee types: faculty and staff who are unable to work (including those who are unable to work remotely) AND who meet one of six qualifying reasons related to COVID-19 (listed below).* The FFCRA's paid leave provisions are effective on April 1, 2020, and apply to leave taken between April 1, 2020, and December 31, 2020. These paid leave provisions are not retroactive beyond April 1, 2020.

To request EPSL as provided under the Families First Coronavirus Response Act and Blinn College's EPSL Policy, please complete the following request form and submit to Human Resources as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

NOTE: Documentation supporting the need for leave **MUST BE INCLUDED** with this request, as described in the EFMLA and EPSL Policy (see page 2 of this form).

Employee Name		
Department	Blinn ID Number	
Employee First Day of Employment		
Requested Leave Start Date	Requested Leave End Date	Amount of emergency paid sick leave being requested in hours

[Optional: I wish to take intermittent leave for reason #5 below, during the following days and hours:]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions; and,
 - I attest that no other suitable person is available to care for my child during the requested period of leave.
 - I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

I have attached appropriate documentation supporting my need for leave.

_ Employee Signature

_ Date

Employee Statement Supporting EPSL

I, (your name) _____ provide the following information in support of my request for emergency paid sick leave (complete all that apply):

1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of the issuing government agency for the quarantine or isolation order:	Effective dates of the order
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2. I have been advised by a health care provider to self-quarantine due to COVID-19 related concerns.

Name of the health care provider advising me to self-quarantine:	Written documentation is available and attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Name of the health care provider I am seeking medical treatment from:	Written documentation is available and attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Select one:

I am experiencing symptoms of COVID-19 and have an appointment scheduled on _____.

I am experiencing symptoms of COVID-19 and am waiting on results to disclose the medical diagnosis.

4. I am caring for an individual who is subject to either number 1 or 2 above.

Name of the health care provider advising the individual I am caring for to self-quarantine:	Written documentation is available and attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the individual who I am needed to care for:	Relation to you:

5. I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions.

Name of school or place of care:

OR Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

6. I am experiencing another substantially similar condition specified by the secretary of health and human services.

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand that falsification of any information provided, including any supporting documents, may lead to disciplinary action.

Employee Signature

Date

Please submit completed form to:
nicole.jones@blinn.edu or fax to 979-209-7559