

Below is a **sample** Emergency Paid Sick Leave (EPSL) request form.

Employees requesting Emergency Paid Sick Leave (EPSL) under to the Families First Coronavirus Response Act (FFCRA) must complete this form. Complete and submit this form to HR for processing and additional guidance.

Please check one of the following:

- New request for leave
- Request for extension of leave

EMPLOYEE INFORMATION	
Full Name (First, Last):	
Home Address:	E-mail:
Phone Number:	
EMERGENCY CONTACT	
Full Name (First, Last):	
Phone Number:	
DURATION OF LEAVE	
Begin Date of Leave:	Anticipated Return to Work Date:
REASON FOR LEAVE	
<p>I am unable to work (or telework) or return to work for the following reason(s) (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am subject to state, federal or local quarantine or isolation order related to COVID-19 <input type="checkbox"/> I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19 <input type="checkbox"/> I have symptoms related to COVID-19 and I am seeking a diagnosis <input type="checkbox"/> I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19 <input type="checkbox"/> I need to care for my child under age 18 because the child's school, childcare or childcare provider is closed or unavailable because of COVID-19 <input type="checkbox"/> I am experiencing other conditions substantially similar to COVID-19 as specified by HHS. 	
<p>Initial here: Please certify with your initials that you are unable to work, including by means of telecommuting, for the above reason(s).</p>	

To be considered eligible for emergency paid sick leave (EPSL) for the qualifying reason of a child's school or childcare provider closure or unavailability due to a public health emergency, you must provide the following information.

DEPENDENT INFORMATION	
<i>If you have more than three children please provide a separate list with their name, age, and name and address of school/childcare provider.</i>	
Child #1	
Child's name:	Child's Age:
Name of School/Childcare:	
Address of School/Childcare:	
Child #2	
Child's Name:	Child's Age:

For more information, contact the Academy's Practice Management Center:

WEBSITE: aad.org/practicecenter

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Name of School/Childcare	
Address of School/Childcare	
Child #3	
Child's Name:	Child's Age:
Name of School/Childcare	
Address of School/Childcare	
Certification of need for EFMLA	
Initial Here: Please certify with your initials that no other person will be providing care for the above child(ren) during the period for which you are requesting EFMLA leave.	
Request for intermittent leave	
If your need for leave is intermittent, please describe the nature of your intermittent leave:	
Support for dependent(s) over the age of 14	
If your child is over the age of 14, please describe special circumstances that exist requiring you to provide care during daylight hours:	
SUBSTITUTION OF PAID LEAVE	
If your income is not whole using the Emergency Paid Sick Leave (due to the maximum daily payouts allowed) you have the option to supplement your missing pay by utilizing paid time off (PTO). Please select from the following options.	
<input type="checkbox"/> I would like to supplement my leave by utilizing my PTO accruals. I understand that Human Resources will review my options and assist with developing a PTO plan.	
<input type="checkbox"/> I will not be utilizing any additional paid time off.	

REQUIRED DOCUMENTATION

The following documentation will need to be provided with your request. *Note, we may require additional information based on updated guidance from the Department of Labor (DOL) or the Internal Revenue Service (IRS).*

- **Reasons 1 – 4:**
 - Any quarantine or isolation order for you or the individual you are caring for that is impacted by this order; or
 - the name of the health care provider who has advised you or the individual you are caring for to self-quarantine.
- **Reason 5:** Any notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on by on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.
- **Reason 6:** Any information provided from the Department of Health and Human Services.

CERTIFICATION OF ACCURACY AND COMPLETENESS

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action. *In the absence of a real signature, an electronic typed signature may be acceptable.*

Employee Signature: _____ Date: _____

HR Signature: _____ Date: _____

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Below is a **sample** Emergency Paid Sick Leave (EPSL) notice letter.

To:
From:

We understand that you are currently experiencing a COVID-19 related event that may qualify for paid sick leave under the Families First Coronavirus Response Act (FFCRA). Under the FFCRA, all employees are entitled to up to ten days of paid sick leave for the following reasons:

1. Your own quarantine or isolation order related to COVID-19;
2. To self-quarantine, as advised by a health care provider due to concerns related to COVID-19;
3. You are experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. To care for another individual subject to a quarantine or isolation order or advised to self-quarantine by a health care provider due to concerns related to COVID-19;
5. To care for your child as the result of the child's school closing or the closing or unavailability of the childcare provider; or
6. You are experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

We have reviewed your request for leave under the Emergency Paid Sick Leave received on _____ and have decided:

Your emergency paid sick leave request is **approved. You are eligible for up to 80 hours of paid sick leave as outlined below.**

- Your leave will be taken consecutively between the dates of:
- Your leave will be taken intermittently, scheduled as follows:

You are entitled to receive _____ days EPSL for up to 80 hours at your regular rate of pay for qualifying reasons (1, 2, or 3 above), capped at \$511 per day, or two-thirds (2/3) regular rate of pay for qualifying reasons (4, 5, or 6 above) capped at \$200 per day.

Your emergency paid sick leave request is **denied for the following reason:**

- Your leave request does not meet the criteria for one of the six reasons noted above.
- Your leave request is lacking supporting documentation.
- Your position has been impacted by a temporary or permanent layoff.
- You work in a qualified health care provider or emergency responder role, which is excluded from leave under the provisions of the FFCRA
- As a small business with fewer than 50 employees, an authorized officer of the business has determined that providing emergency paid sick leave for reason #5 would jeopardize the viability of our business

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If you have any questions on EPSL please contact the practice manager. Providing false or misleading information regarding the need for paid sick leave will be grounds for corrective action, up to and including termination of employment.

**Practice Manager's
Signature:** _____

Date: _____

In absence of written signature, please accept my typed name as my digital signature.

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