



FFCRA Emergency Paid Sick Leave (EPSL) Request Form

The *Families First Coronavirus Response Act* (FFCRA) requires employers in the public sector to provide all employees with up to two weeks of EPSL between April 1, 2020, and December 31, 2020 for certain specific reasons.

There are six potential COVID-19 qualified reasons an employee can take EPSL. Your two-week allotment of EPSL hours will be calculated based on your average hours, but will not exceed 80 hours.

You (or someone you authorize) must first notify us of your need for EPSL as soon as reasonably practicable (by phone or email is fine), then we must have this form as soon as reasonably practicable.

Employee name: _____ Employee ID: _____

Date EPSL is to begin: _____ Expected return to work date: _____

I request a paid leave of Absence under the Emergency Paid Sick Leave Act. I am unable to work or telework because:

____ [1] I am personally subject to a quarantine or isolation order by a local, state, or federal official.

(This does not apply to any Stay-at-Home, Shelter-in-Place, business closure, or similar orders that result in an employer not having work for you as a result of the order.)

Name of the governmental agency: _____

____ [2] I have been personally advised by a health care professional to self-quarantine due to concerns related to COVID-19.

Name of the health care professional: _____

____ [3] I am experiencing COVID-19-like symptoms and seeking a diagnosis from a health care professional.

Name of the health care professional: _____

____ [4] I must care for an individual subject to an order described in (1) or self-quarantine as described in (2).

Name of the governmental agency or health care professional: _____

Name of the individual: _____

The individual's relationship to me and explanation why I must provide their care during their quarantine:

____[5] I need to care for my son or daughter (biological, adopted, foster, stepchild, a legal ward, or a child for whom you are standing in loco parentis) due to school or child care being closed/unavailable.*

Name and ages of my children I need to care for:

Name of each unavailable school or child care provider:

I represent that no other person will be providing care for the child during my Emergency Paid Sick Leave time.

My inability to work or telework to care for my child older than 14 during daylight hours is due to these special circumstances:

I am requesting intermittent leave as follows (for example, if someone can care for your children M/W/F so you only need EPSL for Tu/Th. Also note that intermittent leave is only available if the employer and employee can mutually agree on a schedule). Please discuss schedule with supervisor before completing this form.

Please see page 3 of this document for information about Expanded Family and Medical Leave.

____[6] I am experiencing other conditions substantially similar to COVID-19 as specified by the US Department of Health and Human Services (HHS). (Note: as of 4/06/2020, this has not yet been defined by HHS)

Explain:

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.

Signature: _____ Date: _____

This form should not be given to your supervisor. Please return it directly to Julie Pickett in Human Resources.

Scans are preferred if being sent via your County email or other secure email. Originals are not required.

If circumstances prevent you from returning this form to Human Resources in a reasonable time, please contact Julie at Julie.pickett@co.laplata.co.us or 382-6381 or Monica at Monica.shadid@co.laplata.co.us or 382-6364 to discuss your options to communicate this information to HR.

Expanded Family and Medical Leave (EFMLA)

Employees who have been employed by LPC for at least 30 days prior to their leave request may be eligible for up to 12 weeks of Expanded Family and Medical Leave for caring for their child whose school or child care is closed/unavailable. Pursuant to the FFCRA, the first 10 days of EFMLA leave is unpaid; after the first 10 days, the leave will be paid (the length of time may be reduced by any previous FMLA requests in the past 12 months). However, you may be eligible to utilize emergency paid sick leave (EPSL) provided under the FFCRA for the first 10 days of the EFMLA. To request paid leave for the first 10 days, check box 5 on page 1 of this form. Please note that you do not have to receive the first 10 days paid with EPSL; instead you may choose to utilize any of your own available sick or annual leave.

_____ Please check here if you would like to request **Expanded Family and Medical Leave** or would like to learn more about it. Monica Shadid in Human Resources will contact you with more information.

Best method of contacting you: _____

HR Processing

Received in HR by: _____

Date the request was received by HR: _____

Format in which original request was received: _____

Number of eligible hours per week: _____ Maximum number of eligible hours: _____

Approved by: _____ Date: _____

Disapproved by: _____ Date: _____

Additional comments or reason for disapproval:

Date and method by which Finance Dept. was notified of applicable pay or leave: _____