

**Emergency Paid Sick Leave (EPSLA)  
Emergency Family And Medical Leave (EFMLEA)  
Employee Request Form**

To request leave on the basis of the Emergency Paid Sick Leave Act (EPSLA) or the Emergency Family and Medical Leave Expansion Act (EFMLEA), please complete the following request form and submit to your manager prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Name (print clearly): \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

The reason for this **Emergency Paid Sick Leave (EPSLA)** is (select the most appropriate box):

- The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19
- The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- The employee is experiencing symptoms of COVID-19 and seeking medical diagnosis
- The employee is caring for an individual who is subject to an order or self-quarantine
- The employee is caring for a son or daughter if school or child-care is closed/unavailable
- The employee is experiencing “any other substantially similar condition” specified by the Secretary of Health and Human Services

The reason for this **Emergency Family and Medical Leave (EFMLEA)** is:

- The employee is unable to work or telework due to the need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed or unavailable due to a public health emergency

Determination of eligibility for leave under the EPSLA or EFMLEA, and/or additional documentation or clarification of documentation, will be required prior to making final EPSLA or EFMLEA determination to approve or deny an EPSLA or EFMLEA leave request. For example: Medical certification is required for leave under the EPSLA. Please contact your manager with any questions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_