



Family First Coronavirus Response Act (FFCRA)
Emergency Paid Sick Leave Act (EPSLA) Request Form



Effective April 1, 2020

Eligibility Criteria (please check one): (Telework is work for which normal wages must be paid and is not compensated under the paid leave provisions of the FFCRA. You may telework when your supervisor permits or allows you to perform work while you are at home or at a location other than your normal workplace.)

1.) I am subject to a federal, state or local quarantine or isolation order related to COVID-19. (documentation required) I understand I can receive up to 10 days of leave at 100% of daily rate of pay, not to exceed the maximum amount is \$511 per day up to \$5,110 in the aggregate.

2.) I was advised by a health care provider to self-quarantine due to concerns related to COVID-19. (documentation required) I understand I can receive up to 10 days of leave at 100% of daily rate of pay, not to exceed the maximum amount is \$511 per day up to \$5,110 in the aggregate.

3.) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (documentation required) I understand I can receive up to 10 days of leave at 100% of daily rate of pay, not to exceed the maximum amount is \$511 per day up to \$5,110 in the aggregate.

4.) I am caring for an individual subject to a federal, state or local quarantine or isolation order or advised by a health care provider to self-quarantine due to COVID-19 concerns. (documentation required) I understand I can receive up to 10 days of leave at 2/3 of daily rate pay. Pay is capped at \$200 a day up to \$2,000 in the aggregate.

5.) I am caring for a son or daughter, under the age of 18 (0 to 17 years old), of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions. (documentation required) I understand I can receive up to 10 days of leave at 2/3 of daily rate pay. Pay is capped at \$200 a day up to \$2,000 in the aggregate.

I, _____, parent of the above named child/children attest that their school has closed and/or place of child care is no longer available. There is no other person that will be providing care for my child/children during the period for which I will be receiving wither the Emergency Paid Sick Leave of Family Medical Leave under the Emergency Family Medical Leave Expansion Act. I cannot provide care for my child/children during daylight hours. If your child is over 14 years of age, please state the special circumstances for this request below:

