



Department of Human Resources

COVID-19 Emergency Paid Sick Leave Request

Employee Name	
Department	

Emergency Paid Sick Leave under the Families First Coronavirus Response Act is effective April 1, 2020 to December 31, 2020, and may be taken if you are unable to work or telework up to a maximum of 80 hours for full-time employees (part-time is prorated accordingly) subject to the following caps:

GROUP 1 - Regular Rate of Pay Up to a Maximum Cap of \$511/Day and \$5,110 in the Aggregate for the Following Reasons:

- 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 a medical diagnosis.

GROUP 2 - Two-Thirds of Regular Rate of Pay Up to a Maximum Cap of \$200/Day and \$2,000 in the Aggregate for the Following Reasons:

- The employee is caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- The employee is caring for their child whose school or place of care has been closed, or whose childcare provider is unavailable, due to COVID-19 precautions.
- The employee is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

Leave for more than 3 days may also be designated for FMLA/CFRA – please contact our Absence Management Coordinator at 866-756-8116 to apply

EMERGENCY PAID SICK LEAVE REQUESTED Indicate which leave group above applies <input type="checkbox"/> 1 <input type="checkbox"/> 2			
Total Number of Days		Hours Work Per Day	
Beginning Date		Ending Date	

Employees may supplement any remaining difference between the provided Emergency Paid Sick Leave above and their regular rate of pay by using eligible accrued leaves to achieve 100% of regular rate of pay for the period of the leave.

I request to use additional accrued leave as indicated below to supplement any difference between the provided Emergency Paid Sick Leave and my regular rate of pay for the period of my leave.

ADDITIONAL LEAVE REQUESTED – PLEASE CHECK ONE			
<input type="checkbox"/> Annual/General Leave	<input type="checkbox"/> Floating Holiday Leave	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Comp Time

I have completed the Coronavirus (COVID-19) Certification Related Leave Form in requesting the above leave and understand the Emergency Paid Sick Leave under the Family First Coronavirus Response Act is limited to the caps as indicated above. Additionally, if I have requested to supplement the Emergency Paid Sick Leave with my accrued leave, I understand that payroll will calculate the amount of additional leave necessary to supplement the difference of additional leave necessary to achieve 100% of my regular rate of pay for the period of my leave.

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature

Date

HR USE ONLY

- Certified
- Submitted
- _____