

## **SMSD EMERGENCY PAID SICK LEAVE REQUEST FORM FOR COVID-19-RELATED LEAVE**

*Effective for requests made on or after April 1, 2020 through December 31, 2020.*

The Families First Coronavirus Response Act (“Act”), enacted on March 18, 2020, provides employees with access to emergency paid sick leave (“EPSL”) for certain leave requests related to the COVID-19 pandemic. As of April 1, 2020, EPSL is available for immediate use by qualifying employees. Full-time employees are eligible for up to 80 hours of EPSL. Part-time employees are eligible for EPSL in an amount equal to the number of hours the employee works, on average, over a two-week period. All paid leave under the Act is subject to the provisions outlined below. Employees should contact their supervisors or human resources departments with any questions.

Documentation supporting the need for leave must be included with this request, as follows:

- A copy of the federal, state or local quarantine or isolation order related to COVID-19 applicable to the employee or the name of the government entity that issued the order.
- Written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 or the name of the provider who advised the employee.
- The name and relation of the individual the employee is taking leave to care for who is subject to a quarantine or isolation order or is advised to self-quarantine.
- The name and age of the child or children being cared for; the name of the school, place of care, or childcare provider that closed or became unavailable; and a statement that no other suitable person is available to care for the child during the period of requested leave.
  - For children over age 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.

### **EMPLOYEE EPSL REQUEST**

Date: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Employee Title/Position: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Supervisor Name: \_\_\_\_\_

**I would like to request EPSL for the following reason(s) (*check all that apply*):**

\_\_\_\_\_ (1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19;

\_\_\_\_\_ (2) I have been advised by a health care provider to self-quarantine because of COVID- 19;

\_\_\_\_\_ (3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis;

\_\_\_\_\_ (4) I am caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in paragraph (2).

\_\_\_\_\_ (5) I am caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child-care provider of such son or daughter is unavailable, due to COVID-19 precautions; or

\_\_\_\_\_ (6) I am experiencing any other substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Dates of Leave Requested: \_\_\_\_\_ to \_\_\_\_\_

### **COMPENSATION PROVISIONS**

1. The employee will be compensated for EPSL at their regular rate, up to \$511 per day, where leave is taken for reasons (1), (2), and (3) above (own illness or quarantine)
2. The employee will be compensated for EPSL 2/3 their regular rate, up to \$200 per day, where leave is taken for reasons (4) or (5) above (care for others or school closures).
3. It is unlawful for any employer to require the employee to find a replacement, discharge, discipline, or in any other manner discriminate against any employee taking leave in accordance with this Act.

\_\_\_\_\_ I request to utilize my accrued leave to supplement the reduced compensation for this leave period, if applicable.

- If this leave request is for reasons 1-3, the leave will be applied in the following order of availability: accrued comp time, sick leave, personal leave, vacation, if applicable.
- If this leave request is for reasons 4-6, the leave will be applied in the following order of availability: accrued comp time, sick leave, personal leave, vacation, if applicable.

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

Please return this form to:  
SMSD Human Resources Department  
Attn: Leslie Pratt  
[LesliePratt@smsd.org](mailto:LesliePratt@smsd.org)