

Employee Request for Emergency Paid Sick Leave

Name of Employee:	Job Position:	Job Location:

A. INSTRUCTIONS TO EMPLOYEE

The federal “Emergency Paid Sick Leave Act” (EPSLA) (a part of the “Family First Coronavirus Response Act”) provides employees up to 80 hours of emergency paid sick leave (EPSL) for specified Coronavirus (COVID-19) related reasons (listed in section B below). If you believe you qualify for EPSL, please complete sections B, D, and F of this form and submit it to Human Resources (HR) (submission instructions are below). Be as specific as you can. While you are not required to provide the information requested, your failure to do so may result in denial of your request. For some requests, you may be required to submit medical or other appropriate documentation.

B. QUALIFYING REASONS FOR EPSL and SUPPORTING DOCUMENTATION / INFORMATION

The chart below lists *six* qualifying reasons for EPSL. To qualify for EPSL, you must be unable to come to work or to work from home (telecommute) due to one of these reasons. Please circle (in the first column) the reason you qualify for EPSL. The third column lists documentation you must provide to support your request. If documentation is unavailable, you may provide the information requested and certify that such information is true and accurate by your signature at the end of this form. For medical documentation, please review the clarification at the end of this form.

Select	Covered Reason for EPSL (please select one)	Documentation or Certification Required
1	I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.	Identify relevant Order received: _____ _____
2	I have been advised by a health care provider (HCP) to self-quarantine due to concerns related to COVID-19.	Medical documentation of advisement is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Or, provide name and contact info of advising HCP: _____ Date of advisement by HCP: _____
3	I am experiencing symptoms of COVID-19, and I am in the process of seeking a medical diagnosis.	Medical documentation of my diagnosis, or my efforts to see a diagnosis, is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Or, provide name and contact info of HCP contacted: _____ Date of contact with HCP: _____
4	I am caring for an individual subject to an order as described in Reason # 1, or who has been advised by a HCP to self-quarantine due to concerns related to COVID-19.	Identify relevant Order received: _____ _____ Or - Medical documentation of advisement is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Or, provide name and contact info of advising HCP: _____ Date of advisement by HCP: _____
5	I am caring for my son or daughter because their school or place of care has been closed, or their childcare provider is unavailable, due to COVID-19 precautions.	Documentation of closure notification is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Or, provide name and contact info of school/childcare center: _____ <i>By signing below, I certify that, as a result of the closure, I cannot work or telecommute. My spouse or significant other is unable to care for my son or daughter in lieu of me, and is not receiving EPSL at the same time as me.</i>
6	I am experiencing another substantially similar condition specified by the Secretary of Health & Human Services in consultation with the Secretary of Treasury and the Secretary of Labor [<i>Note: Reason #6 is pending further guidance by U.S. DOL, expected in the near future</i>].	Documentation supporting Reason #6 is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No [<i>Note: Reason #6 is pending further guidance from U.S. DOL</i>]

C. EXPLANATION OF BENEFITS AVAILABLE	
<p>Full-time employees are eligible for up to 80 hours of EPSL. Part-time employees may receive up to 2 weeks, based on the prior 2-week average. Rate of pay during EPSL depends on the reason for the leave, and certain caps apply.</p> <ul style="list-style-type: none"> • For EPSL per Reasons 1-3, you will receive full current pay (wages or salary, as applicable), capped at \$510.00 per day, up to a maximum of \$5,110 for the full leave period. • For EPSL per Reasons 4-6, you will receive two-thirds (2/3) of your current pay (wages or salary), capped at \$200 per day, up to a maximum of \$2,000 for the full leave period. 	

D. AMOUNT OF LEAVE REQUESTED	
<p>EPSLA may be requested for a <u>consecutive</u> period (e.g., 2 consecutive weeks), or it may be used <u>as needed</u> on different days (up to the maximum hours permitted). You may use EPSL in increments of at least 4 hours.</p>	
What is your requested start date?	
How many hours are requested? (Up to 80 hours for FT employees.)	
If consecutive days are not requested, list dates (<i>if known at this time</i>) of all days (or half-days of 4 hours) that you request for EPSL.	

E. HOW TO SUBMIT THIS FORM	
<p>Please sign and submit this form to HR by (1) hand delivery, or (2) email. If submitting by email, attach as a PDF. If you cannot create a PDF, attach a <i>legible</i> photograph of the form, taken on a smart phone.</p>	

F. CERTIFICATION BY EMPLOYEE	
<p>I certify that the information I provided above is true and correct, and that any documentation I submitted is true and correct. I understand that my failure to provide truthful information on this form, or my usage of Emergency Paid Sick Leave for any purpose other than those describe above, may result in disciplinary action, including termination.</p>	
Signature: _____	Date: _____

G. IMPORTANT INFORMATION	
<p>MEDICAL DOCUMENTATION: If you submit medical documentation in support of your request, it should be signed by a licensed HCP and state that you qualify under one of the designated reasons for EPSL. Such documentation <u>need not include</u> any explanation about a particular illness, injury, or other medical condition. You <u>do not need</u> to provide personal medical information. Moreover, recognizing the difficulty of obtaining medical documentation in the current environment, the alternative information requested may be sufficient to support your request.</p>	
<p>RETALIATION PROHIBITED: The company will not take adverse action against you for requesting EPSL, using EPSL, or attempting to exercise any right under the EPSLA. If you believe you are being retaliated against for these reasons, <u>notify HR immediately</u> at (850) 650-9935.</p>	
<p>OTHER LEAVE: The Company will not require you to use any other type of paid leave prior to using EPSL.</p>	
<p>EXPIRATION: EPSL is available starting on April 2, 2020. The Act <u>expires</u> on December 31, 2020. You will not be entitled to cash out unused EPSL at the end of 2020 or upon separation from employment.</p>	