

Employee Statement for Emergency Paid Sick Leave (EPSL) Request

The Families First Coronavirus Response Act



I, _____ (Print Employee Full Name),

A# _____ (Print Employee ID number) am requesting emergency paid sick leave because I am unable to work or telework due to one of the following reasons:

I. Check only one of the reasons related to COVID-19 below:

- (1) Employee is subject to Federal, State, or local quarantine or isolation order.
- (2) Employee has been advised by health care provider to self-quarantine.
- (3) Employee is experiencing COVID-19 symptoms & seeking medical diagnosis.
- (4) Employee is caring for an individual who is subject to a quarantine or isolation order as described in (1) or has been advised to self-quarantine as described in (2) above.

II. Requested Start Date for Emergency Paid Sick Leave: _____

Requested End Date for Emergency Paid Sick Leave: _____

III. Provide a brief description in support of your request for leave based on the reason selected above:

IV. Provide a brief description of why you are unable to work or telework for such reason:

V. For reasons (1), (2), or (3) above related to a quarantine order or self-quarantine advice, please provide the following information:

- A. Name of the Governmental Entity (e.g., Federal, State or local authority) ordering you to quarantine or the name of the Health Care Provider advising you to self-quarantine:

VI. For reason (4) above related to caring for another individual under an order or advised to self-quarantine, please provide the following information:

- A. Name of the Individual: _____

- B. Relation to the Employee: _____

- C. Name the Governmental Entity or Health Care Provider advising the individual to quarantine:

Paid Leave Duration: Emergency Paid Sick Leave is limited to 80 hours for full-time employees (e.g., 40 hours per week) or less for part-time employees based on normally scheduled work hours per day.

Paid Leave Amount: Pending approval, employees will receive Emergency Paid Sick Leave subject to the following limitations. For reasons (1) – (3) “Self-Care”, The University will provide paid leave calculated as **100% of your regular rate of pay** multiplied by the number of hours you would otherwise be normally scheduled to work not to exceed \$511 per day and \$5,110 in aggregate.

For reason (4) “Family Care”, The University will provide paid leave calculated based on **two-thirds of your regular rate of pay** multiplied by the number of hours you would otherwise be normally scheduled to work, not to exceed \$200 per day and \$2,000 in aggregate. At this time, employees may elect to use accrued annual leave, sick leave and/or compensatory time to receive an additional one-third of your regular rate of pay. However, allowance of the use of accrued leave to receive an additional one-third of your regular rate of pay is subject to change.

I have read and understand all information contained within this Employee Statement. I hereby certify and affirm all answers provided are accurate and understand that falsification of any information or certifications set forth herein is grounds for employee discipline, up to and including termination.

Employee Signature

Date

Once we obtain this required documentation from you, Human Resources will inform you via email in approximately five business days whether your ESPL request has been approved. If you have any questions, contact the Human Resources at (256) 824-6545 or hr@uah.edu.