

**APPLICATION FOR LEAVE UNDER THE EMERGENCY PAID SICK LEAVE ACT AND/OR
EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT
RELATED TO COVID-19 PUBLIC HEALTH EMERGENCY**

1. Name: _____

2. **Emergency Paid Sick Leave Act**

Effective April 1, 2020 until December 31, 2020, full-time employees may be entitled to up to 80 hours of paid sick leave for a qualifying reason listed in 2(b). Part-time employees may be entitled to paid leave equal to the number of hours worked, on average, over a two-week period. Paid sick leave shall not exceed:

- \$511 per day and \$5110 in the aggregate for employees who are under quarantine (government or health care ordered) or who are experiencing symptoms of COVID-19 and being tested.
- \$200 per day and \$2000 in the aggregate for employees who are caring for quarantined or sick individuals, caring for a child whose school or childcare is closed or unavailable (due to COVID-19 precautions), or experiencing specified conditions that are substantially similar to COVID-19. Leave paid for these purposes will be paid at two-thirds of the employee's regular rate of pay up to the maximum when approved.

- a. Are you applying for leave under the **Emergency Paid Sick Leave Act**? Yes No
- b. For what reason do you believe you qualify for leave under the **Emergency Paid Sick Leave Act**?
- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. (You must provide a copy of the order.)
 - I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (You must provide a health care provider's note or other medical documentation stating that you are under advice to self-quarantine due to concerns related to COVID-19.)
 - I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (You must provide a health care provider's statement or other medical documentation reflecting that you are experiencing COVID-19 symptoms and seeking and/or have sought a diagnosis.)
 - I am caring for an individual who is subject to a quarantine order as described above or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (You must provide a copy of the quarantine order or health care provider's note stating that the family member has been advised to self-quarantine due to concerns related to COVID-19).
 - I am caring for my son or daughter whose school or child care provider has been closed, or is unavailable due to COVID-19 precautions. (You must provide a copy of a notice of closure or unavailability from your school, place of care or child care provider.)
 - I am experiencing another condition that is substantially similar to COVID-19, as specified by the U.S. Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (You must provide a health care provider's statement or other medical documentation reflecting your condition.)

- c. Emergency Paid Sick Leave is a continuous leave, unless the employer and employee agree to intermittent leave and the employee is unable to telework his/her normal scheduled hours. Are you seeking continuous or intermittent leave?

Continuous Intermittent

If you are requesting intermittent leave, what schedule are you requesting and why is that necessitated by your sick leave needs?

Please note that the company will consider requests for intermittent leave but may or may not agree to intermittent leave depending on the needs of the business. We will advise you whether it is or is not available for your particular circumstances.

d. When are you requesting that the leave begin? _____

e. When do you anticipate that the leave will end? _____

3. Emergency Family and Medical Leave Expansion Act

This Act provides up to 12 weeks of leave for a employees who have been employed for at least 30 days and who take leave between April 1, 2020 and December 31, 2020 due to a qualifying need related to a public health emergency. The first two weeks are unpaid, but the employee may choose to substitute paid leave under the Emergency Paid Sick Leave Act (discussed above if eligible) or may substitute other available paid time off. After the first two weeks, all remaining leave is paid at two-thirds of the employee's regular rate of pay and shall not exceed \$200 per day or \$10,000 in the aggregate. The leave available under the Emergency Family and Medical Leave Expansion Act will run concurrently with leave under the Emergency Paid Sick Leave Act, when the employee applies and qualifies for both.

- a. Are you applying for leave under the **Emergency Family and Medical Leave Expansion Act**?

Yes No

- b. To be eligible, you must be unable to work (including telework) because you are caring for your child who is under 18 years of age and whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19. Do you meet this requirement?

Yes No

- c. Please submit a copy of a notice of closure or unavailability from your child's school or child care provider with your completed application.

- d. Emergency Family and Medical Leave is a continuous leave unless the employer and employee agree to intermittent leave. Are you seeking continuous or intermittent leave?

Continuous Intermittent

If you are requesting intermittent leave, what schedule are you requesting and why is that necessitated by your child care needs?

Please note that the company will consider requests for intermittent leave but may or may not agree to intermittent leave depending on the needs of the business. We will advise you whether it is or is not available for your particular circumstances.

e. When are you requesting that the leave begin?

f. When do you anticipate that the leave will end?

Verification

In submitting this application, I certify that the foregoing information is true and correct. I agree to provide all documentation required to verify the need for leave. I acknowledge and understand that my request for leave may be denied if I fail to provide all requested documentation and that other employment action may be taken against me if the information I provided on this application is not truthful.

Employee Signature _____ Date _____