

**REQUEST FOR / DESIGNATION OF  
EMERGENCY PAID SICK LEAVE (EPSL) and/or  
EXPANDED FAMILY MEDICAL LEAVE ACT (EFMLA)**

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

**1. TYPE OF LEAVE REQUESTED/DESIGNATED (PLEASE  THE REASON FOR TIME OFF:)**

**The Employee:**

- 1)  Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or,
- 2)  Has been advised by a health care provider to self-quarantine related to COVID-19; or,
- 3)  Is experiencing COVID-19 symptoms and is seeking medical diagnosis; or,
- 4)  Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); or,
- 5)  Is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.
- 6)  Is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

*No other reasons are eligible for EPSL or EFMLA - contact HR for additional assistance.*

**2. DURATION OF LEAVE (Please  the duration of leave requested/designated.)**

- Continuous Leave – a leave of absence for \_\_\_\_\_ consecutive  DAYS  WEEKS from \_\_\_\_\_ to \_\_\_\_\_.
- Intermittent Leave or Reduced Work Schedule – #5 only.

*Please explain* \_\_\_\_\_

**3. EMPLOYEE ACKNOWLEDGEMENT – When Requesting EPSL and/or EFMLA Leave**

- I am unable to work or telework due to the above reasons.
- I understand (with the exception of #5), I may need a healthcare provider release to return to work.
- I understand that the completion of this form does not automatically constitute approval of my request for time off.

**Employee Signature (or name if electronically submitted):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**4. COMPANY APPROVAL AND COMMENTS**

- The time off is approved.
- The time off is approved contingent upon the following documentation:  written documentation by a healthcare provider,  email/letter from school, place or care, or childcare provider,  quarantine or isolation order.
- Additional information is required prior to approval. (indicate date and notes of discussion)

\_\_\_\_\_  
\_\_\_\_\_

**Approved:** \_\_\_\_\_  
(Administrator Name and Title)

**Date:** \_\_\_\_\_

\* *If there is justified reason for denying this leave request, or to require additional information, comments of explanation and inquiry should be noted on the reverse Here.*

**Internal Use Only:**

Upon approval, provide to the employee:  a copy of this form,

the DOL Families First poster,

the EDD pamphlet DE2320. Date provided: \_\_\_\_\_