

FFCRA: Emergency Paid Sick Leave (EPSL) Request Form

OVERVIEW: The Families First Coronavirus Response Act (FFCRA) provides partial paid sick leave to an employee who is *unable to work or telework* for qualifying reasons related to the COVID-19 pandemic. *Please refer to HR's administrative guidelines.*

Intermittent Leave: Regular Work at Worksite: Paid sick leave for qualifying reasons related to COVID-19 must be taken *in full-day increments*. **Remote Work:** You may use their benefit entitlement under FFCRA intermittently, provided that you and your Department agree on your requested schedule, based on the business needs of the Department.

Employee Name		Empl #	
Start Date	End Date		
Intermittent Leave <i>(Please outline specific request)</i>			

SPECIFIC REASONS FOR REQUESTING EPSL *(check all that apply)*:

- I am subject to a federal, state, or local quarantine or isolation order related to COVID-19;
Name of the governmental entity ordering quarantine: _____
- I have been advised by a health care provider to self-quarantine because of COVID-19;
Name of the health care professional advising self-quarantine: _____
- I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis;
- I am caring for an individual subject (or advised) to quarantine or isolation;
Name and relation of individual to whom you are providing care: _____
- The employee is caring for his or her Child due to COVID-19 precautions; *(also complete EFMLA form)*
- I am experiencing substantially-similar condition(s) as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Calculation of Pay: *Part-time/Variable Hour Employees will be eligible for pro-rated leave.*

For leave reasons (1), (2), or (3): employees taking leave shall be paid at either their regular rate, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

For leave reasons (4) - (6): employees taking leave shall be paid at 2/3 their regular rate or 2/3, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

For the remaining 1/3 of my salary, I request to:

- Use my paid leave accruals so that I will earn 100% of my regular pay
- Take unpaid leave for the remaining 1/3. *(You will be responsible for your regular payroll deductions and accruals will be pro-rated, as applicable.)*

Payroll can assist with estimated calculations. Upon approval, EE will be notified of timekeeping requirements.

ATTESTATION: I hereby attest that I am unable to work or telework for the reason(s) indicated above.

Employee Signature	Date
Supervisor	Signature
HR Review/Approval	

Email completed form to tina.simmons@crookcounty.k12.or.us