EMERGENCY PAID SICK LEAVE REQUEST FORM

Employees eligible for Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA). are eligible for up to two weeks of paid leave. You must provide as much advance notice as is reasonably practicable. Verbal notice will be accepted until a form can be provided.

Submit the completed form to the Employee Resource Center by email to BenefitsStaff@eugene-or.gov or by fax to 541-650-3032. Please contact the ERC at 541.682.5062 if you have questions.

Employee Name:	**Employee ID:**	**Phone Number:**
Preferred Email (Optional)**:**	**Dept/Div:**	

Prior to needing leave under this policy, I will have been performing:

☐ Work onsite ☐ Telework ☐ No work is available to me

Supervisor Name:

I have had a conversation with my supervisor to explore flexible work options: ☐ Yes ☐ No

This is a *(choose one)***:** ☐ New request for leave ☐ Request for an extension of leave

I will need *(choose one)***:** ☐ Continuous leave ☐ Intermittent leave

☐ If requesting intermittent leave, I confirm my supervisor has approved my intermittent leave schedule

Anticipated Begin Date of Leave:	**Expected Return to Work Date:**

Reason for Leave (*check all that apply*)

1. ☐ I am personally subject to state, federal or local quarantine or isolation order related to COVID-19

Name of governmental agency:	

2. ☐ I have been advised by a health care professional to self-quarantine due to concerns related to COVID-19

Name of health care professional:	

3. ☐ I have symptoms related to COVID-19 and I am seeking a diagnosis from a health care professional

Name of health care professional:	

4. ☐ I am caring for an individual who is subject to a State, Federal or local quarantine order, or who has been advised to self-quarantine by a health care provider due to concerns related to COVID-19

Name of the governmental agency or health care professional:	
Name of the individual(s) and their relationship to me:	

☐ *I affirm that no other suitable person is available to care for the individual(s) during the period of requested leave, and that no other person will be providing this care during my approved EPSL leave.*

(Continued on next page)

5. ☐ I need to care for my child under age 18 because the child's primary or secondary school or place of childcare has been closed or their childcare provider is unavailable, due to COVID-19 related reasons. **Please also submit a Family and Medical Leave Information Form.** Additional paid leave may be available under the Expanded Family and Medical Leave Act.	
Only complete the information below if you are NOT submitting a Family and Medical Leave Info Form.	
☐ *I affirm that no other suitable person is available to care for my children during the period of requested leave, and that no other person will be providing care for my children during my approved EFMLA leave.* *I understand I do not qualify for this leave if an emergency childcare provider is available to care for my child*	
☐ *If my child is older than age 14, I affirm that special circumstances exist requiring me to provide care for them during daylight hours*	
Names and ages of my children up to age 18 (or older if disabled and incapable of self-care) for whom I need to provide care:	
Name of each unavailable school or childcare provider:	
6. ☐ The Secretary of Health & Human Services has specified a substantially similar condition that I am experiencing.	

☐ **I verify that I am unable to work or telework due to the qualifying reason(s) listed above, and I will provide written documentation of the need for leave if requested**. I further verify that this information is accurate and complete to the best of my knowledge and that I will notify the ERC if my need for leave ends early or is extended beyond the dates outlined above.

Employee Signature: ____ **Date:** ______________________

TO BE COMPLETED BY EMPLOYEE RESOURCE CENTER

Date received by ERC: ______________________________ Date Supervisor Contacted: ________________

Eligible for EPSL: ☐Yes ☐No Eligible for intermittent leave: ☐ Yes ☐ No Date Employee notified of eligibility: __________