



REQUEST FOR EMERGENCY PAID SICK LEAVE (EPSL)

To request EPSL as provided under the Families First Coronavirus Response Act (FFCRA), please complete the following request form and submit to your Supervisor and the Human Resources Department as soon as possible before leave commences. Documentation of the need for leave can be provided following submission of this form and may be provided directly to the Human Resources office via email. Verbal notice will be accepted until a form can be provided.

Section 1: Employee Information

Employee Name (print clearly):
Supervisor/Manager (print clearly):
Department:

Section 2: Leave Request

Due to the reason selected below I am unable to work (or telework) and am requesting EPSL (check the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1) or 2) above.
Relationship to Individual:
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions. **(If you are unable to work due to child care for more than two weeks you may be eligible for EFMLEA, you should complete the EFMLEA request form at the same time you complete this form.)**
- 6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.

Please select how you are requesting leave, if you will be unable to work/telework at all, select to take leave on a weekly basis. If you will be able to work some days of the week or some hours of each day, request leave be taken intermittently and describe your work schedule and days/hours you are requesting to take leave. **The maximum amount of leave available is two weeks (hours are dependent on your regular schedule, ex: a 36 hour employee has a maximum of 72 hours of EPSL available).**

____ I request to take EPSL on a weekly basis and will be unable to work or telework during this leave

____ I request to take EPSL intermittently as described below:

EPSL taken for reasons 1 through 3 above is compensate at your regular rate up to a maximum of \$511 per day, \$5,110 aggregate. Leave taken for reasons 4 – 6 above are compensated at 2/3 your regular rate, up to a maximum of \$200 per day; \$2,000 aggregate. Part-time employees are entitled to leave based on 2/3 the average number of hours worked over a 2-week period. Pay for leave that does not reach your regular pay may be supplemented by using your accrued leaves. Initial your election below:

_____ I do not wish to supplement EPSL Pay.

_____ I wish to supplement EPSL pay with my accrued leaves.

Please work with your supervisor/department representative to fill out your time sheet with the appropriate number of hours of EPSL and other accrued leaves.

I understand that if my circumstances change so that I am no longer eligible under one of the qualifying categories listed above, I must immediately inform my supervisor and the City of Alameda, and I may be directed to report for work or telework. I understand that documentation of my need for EPSL is required as listed below.

	Signature	Date
Employee:		
Supervisor/Manager:		

Reason for Leave	Documentation Required
1. You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19	If you are subject to an order specific to you, please provide that order. No documentation is required for the State of California Order or the Order by Alameda and the 6 other jurisdictions joining with Alameda.
2. You have been advised by a health care provider to self-quarantine related to COVID-19	Note from your doctor indicating you need to stay home, you do not need to provide a diagnosis or reason why you need to stay home
3. You are experiencing COVID-19 symptoms and are seeking a medical diagnosis	Note from your doctor indicating you are seeking diagnosis
4. You are caring for an individual subject to an order described in (1) or self-quarantine as described in (2)	Note from the individual's doctor indicating that they have been advised to self-quarantine and that they require your care.
5. You are caring for your child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons	Notice of closure or unavailability from your child's school, place of care, or child care provider, which may include a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.
6. You are experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services	

HR Use Only

Request: _____ Approved _____ Denied (reason): _____

Human Resources Director: _____

Human Resources Director Signature

Employee Hours Equivalent to \$200/\$511 per day: _____

- Hourly rate: _____

- Regularly Scheduled Hours: _____
