

## Emergency Paid Sick Leave (EPSL) under ARPA Request Form

EPSL provides up to 80 hours of emergency paid sick leave for employees (applicable to ALL employee types: faculty, staff, students) who are unable to work (including those who are unable to work remotely) AND who meet one of nine qualifying reasons related to COVID-19 (listed below). The American Rescue Plan Act (ARPA) paid leave provisions are **effective on April 1, 2021 and apply to leave taken between April 1, 2021 and September 30, 2021**. These paid leave provisions are not retroactive. To request EPSL as provided under ARPA and EPSL Policy, please notify your manager, then complete the following request form and submit to your HR Unit Contact as soon as possible before leave commences.

**NOTE:** Documentation supporting the need for leave **MUST BE INCLUDED** with this request, as described in the ARPA and EPSL Policy (see page 2 of this form).

Employee Name		Unit
Manager		Agency
Requested Time Off Start Date	Time Off End Date	Hours of emergency paid sick leave being requested

[Optional: I wish to take intermittent leave for reason #5 below, during the following days and hours:]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I am requesting this emergency paid sick leave time off due to my inability to work (or telework) because (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.\*\*
- ☐ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions; and,
- ☐ I attest that no other suitable person is available to care for my child during the requested period of leave.\*
- ☐ I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.\*
- ☐ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.\*
- ☐ 7) I am getting a COVID-19 vaccine.\*
- ☐ 8) I am recovering from an illness or symptoms related to the COVID-19 vaccine.\*
- ☐ 9) I am getting tested or awaiting test results or medical diagnosis for COVID-19 after having close contact with a person with COVID-19 (thus being exposed) OR the test/diagnosis was requested by the employer.\*\*

**\*Only requires signed Employee Statement Supporting EPSL (page 2); no supporting documentation required.**

**\*\*Requires additional documentation to accompany the signed Employee Statement Supporting EPSL (page 2).**

I have attached appropriate documentation supporting my need for leave.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Contact/Absence Partner Signature-Confirms review by Absence Partner

\_\_\_\_\_  
Date

☐ Approved ☐ Declined; if so, why? \_\_\_\_\_

# Employee Statement Supporting EPSL under ARPA

(Print Employee Name)

I, \_\_\_\_\_, provide the following information in support of my request for emergency paid sick leave **(complete all that apply)**:

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

Name of the issuing government agency for the quarantine or isolation order	Effective dates of the order
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**2. I have been advised by a health care provider to self-quarantine due to COVID-19 related concerns.**

Name of the health care provider advising me to self-quarantine	Written documentation is available and attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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**3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.**

Name of the health care provider I am seeking medical treatment from	Written documentation is available and attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Select one: <input type="checkbox"/> I am experiencing symptoms of COVID-19 and have an appointment scheduled on _____.	
<input type="checkbox"/> I am experiencing symptoms of COVID-19 and am waiting on results to disclose the medical diagnosis.	

**4. I am caring for an individual who is subject to either number 1 or 2 above.**

Name of the health care provider advising the individual I am caring for to self-quarantine		
Name of the individual I am needed to care for	Relation to you	Written documentation is available and attached <input type="checkbox"/> Yes <input type="checkbox"/> No

**5. I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions.**

Name of school or place of care _____	
OR	
Name of child caregiver unavailable due to concerns related to COVID-19 _____	
Name and age of child or children I am needed to care for:	
Name _____ Age _____	Name _____ Age _____
Name _____ Age _____	Name _____ Age _____
No other suitable person is available to care for my child for the requested leave period due to:	
The special circumstances requiring my need for leave to care for a child ages 15-17 are:	

**6. I am experiencing another substantially similar condition specified by the secretary of health and human services.**

Provide details regarding the need for this leave:
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**7. I am getting a COVID-19 vaccine.**

Name of facility administering the COVID-19 vaccine:	Date vaccine will be/was received:
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**8. I am recovering from an illness or symptoms related to the COVID-19 vaccine.** ☐ Yes

Name of facility administering the COVID-19 vaccine:	Date vaccine was received:
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**9. I am getting tested or awaiting test results or medical diagnosis for COVID-19 after having close contact with a person with COVID 19 (thus being exposed) OR the test diagnosis was requested by the employer.**

Name of facility administering the COVID-19 vaccine:	Date vaccine was received:
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**I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYEE - SUBMIT FORM TO**  
HR Contact/Absence Partner

**QUESTIONS??? - CONTACT**  
Doris Tykal, Human Resources Specialist II  
[dmttykal@ag.tamu.edu](mailto:dmttykal@ag.tamu.edu), (979) 845-2361

# **Emergency Paid Sick Leave (EPSL) under American Rescue Plan Act (ARPA)**

## **Frequently Asked Questions:**

### **What documentation do I need to submit for qualifying reasons 1, 5, 6, 7, or 8?**

Employees must submit the Emergency Paid Sick Leave (EPSL) under ARPA Request Form and the Employee Statement Supporting EPSL. No other supporting documentation is required.

### **What constitutes acceptable written documentation for qualifying reasons 2, 3, 4 or 9?**

In addition to the signed Employee Statement Supporting EPSL, the employee is required to provide one of the following forms of written documentation to accompany the request:

- Note/letter from medical provider
- Email from entity requiring quarantine or isolation
- Notification of close contact or test result

### **Will I be required to submit a copy of my COVID-19 vaccination card to qualify for EPSL?**

No. Employees will automatically receive EPSL to get the COVID-19 vaccine once they complete the request form and statement supporting EPSL. For the purposes of EPSL, vaccination cards should not be submitted as proof of vaccination (and should not be stored in the employee's sick leave file).

### **If I meet more than one qualifying reason, do I need to fill out multiple forms?**

No, multiple reasons can be marked on one form as long as all required documentation is provided.

### **Do I need to have all required documentation submitted before using EPSL?**

If required documentation is not available and this form has not been submitted and approved by your HR Contact/Absence Partner, then another form of leave will need to be used. Once required documentation is received, your HR Contact/Absence Partner can correct the previous leave type to EPSL. This will restore any leave taken for a qualifying reason.

### **What if I previously took time off for a qualifying reason, but was unaware of the new EPSL afforded by the ARPA?**

You can complete this form and submit it with required documentation to your HR Contact/Absence Partner. Once the form and documentation are approved, your HR Contact/Absence Partner can correct the previous leave type to EPSL for any qualifying leave used from April 1, 2021 to September 30, 2021.