

Emergency Paid Sick Leave (EPSL) 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 six qualifying reasons related to COVID-19 (listed below). The FFCRA’s paid leave provisions are effective on April 1, 2020, and apply to leave taken between April 1, 2020, and December 31, 2020. These paid leave provisions are not retroactive. To request EPSL as provided under the Families First Coronavirus Response Act and Texas A&M University’s 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. Verbal notice will be accepted until a form can be provided.

NOTE: If supporting documentation is available, it must be included with this request, as described in the EFMLA and EPSL Policy (see page 2 of this form).

Employee Name	Unit
Manager	Agency
Requested Time Off Start Date	Time Off End Date

The amount of emergency paid sick leave being requested is _____ hours.

[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.

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

(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 _____
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:

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 dmytkal@ag.tamu.edu , (979) 845-2361
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