

EMERGENCY PAID SICK LEAVE REQUEST FORM FOR COVID-19-RELATED LEAVE

Effective for requests made on or after April 1, 2020 through December 31, 2020.

The Families First Coronavirus Response Act (“Act”), enacted on March 18, 2020, provides employees with access to emergency paid sick leave (“EPSL”) for certain leave requests related to the COVID-19 pandemic. As of April 1, 2020, EPSL is available for immediate use by qualifying employees. Full-time employees are eligible for up to 80 hours of EPSL. Part-time employees are eligible for EPSL in an amount equal to the number of hours the employee works, on average, over a two-week period. All paid leave under the Act is subject to the provisions outlined below. Employees should contact their supervisors or human resources departments with any questions.

EMPLOYEE EPSL REQUEST:

Date: _____ **Employee ID:** _____

Name (please print): _____

Employee Title/Position: _____ **Department** _____

Employee Supervisor: _____

I would like to request EPSL for the following reason(s) (*check all that apply*):

- (1) I am subject to a federal, state, local quarantine or isolation order related 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 I am seeking a medical diagnosis;
- (4) I am caring for an individual who is subject to either 1 or 2;
- (5) I am caring for my child whose school or place of care of the child has been closed, or the childcare provider of such child is unavailable, due to COVID-19 precautions.
- (6) I am experiencing any other substantially similar conditions specified by the secretary of health and human services in consultation with the secretary of the treasurer and the secretary of labor.

Dates of Leave Requested: _____ **to** _____

COMPENSATION PROVISIONS

1. An employee taking leave for reasons 1 through 3, the rate of pay for EPSL will be the employee's regular rate of pay not to exceed \$511 per day and \$5,110 in total.
2. An employee taking leave for reasons 4 through 6, the rate of pay for EPSL will be two-thirds of the employee's regular rate of pay not to exceed \$200 per day or \$2,000 in total.

Employee Signature: _____ **Date:** _____

Please return this form to: John Spieser, Director of Human Resources
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Milford, OH 45150
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