

COVID-19 Emergency Paid Sick Leave Form (Temporary Benefit Expires 12-31-20 or Before)

Employee Statement for Emergency Paid Sick Leave (EPSL) Request

Reasons for Leave:

1. Employee is subject to a government quarantine or isolation order.
2. Employee has been advised by his/her physician to self-quarantine.
3. Employee experiencing COVID-19 symptoms and seeking a diagnosis.
4. Employee is caring for an individual subject to a government quarantine or isolation order, or whose health care provider has recommended to quarantine.
5. Employee is caring for his or her son or daughter whose school or place of care is closed due to COVID-19, or whose child care provider is unavailable for reasons related to COVID-19.

Part 1: This part is to be filled out for leave requests for reasons #1 - #4.

To be considered eligible for emergency paid sick leave (EPSL) for a **qualifying reason involving either a government quarantine or isolation order, self-quarantine advice from a health care provider**, an employee must provide the following information:

Name, phone number, and address of the health care professional advising self-quarantine OR name of the governmental entity ordering quarantine or isolation

Name of clinic/hospital/telemedicine service seeking a medical diagnosis from

Date of service

Name, phone number, and address of individual subject to a quarantine order or advised to self-quarantine by a health care provider **(if leave request is to care for an individual)**

Relationship to employee

If the individual is not a son, daughter, or spouse, explain why you must care for the individual listed above. By signing below, you are certifying on a governmental form that this statement is accurate, and you are further certifying that there is no other person available to care for this individual.

COVID-19 Emergency Paid Sick Leave Form *Continued*

Documents Required:

- _____ Quarantine/Isolation Order: A copy of the quarantine or isolation order must be included if the qualifying reason is a quarantine or isolation order from the government.
- _____ Physician Statement: A copy of the physician's documentation (with enough information for the employer to consider the request for leave and determine whether the request is qualifying) must be attached if the qualifying reason is #2, #3, or #4, above.

Employee Attestation:

I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event constitutes fraud and will be grounds for corrective action, up to and including termination of employment. By my signature below I am certifying that all of the above is accurate and that I am unable to work or telework due to a COVID-19 circumstance during the requested leave period.

Employee Name

Date

Part 2: This part is to be completed only for leave requests for reason #5.

To be considered eligible for emergency paid sick leave (EPSL) for the **qualifying reason of a child's school or child care provider closure or unavailability due to a public health emergency**, an employee must provide the following information:

Name, address, phone number of school or place of care that is unavailable

<input type="text"/>	<input type="text"/>
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Full name and age of child to be cared for

Full name and age of child to be cared for

<input type="text"/>	<input type="text"/>
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Full name and age of child to be cared for

Full name and age of child to be cared for

For any child older than 14, provide a statement detailing the special circumstances that exist requiring you to provide care during normal business hours (8am to 5 pm).

Document Required:

- _____ A copy of a notification of closure from the school (if not a NY public school) or child care must be attached with the application.

Employee Attestation:

I certify that all of the above is accurate and I certify that no other person will be providing or is able to provide care for the child(ren) named above during the period for which I am receiving emergency paid sick leave.

I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event constitutes fraud and will be grounds for corrective action, up to and including termination of employment. By my signature below I am certifying that all of the above is accurate and that I am unable to work or telework due to a COVID-19 circumstance during the requested leave period.

Employee Name

Date

Part 3: Final Certification

I certify that all of the above information is truthful and accurate. I certify that I have not received any EPSL from any other employer and if I have received EPSL from another employer that I have disclosed the amount in the box below.

I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment. By my signature below I am certifying that all of the above is accurate and that I am unable to work or telework due to a COVID-19 circumstance during the requested leave period.

Date or dates of requested leave

Hours of EPSL Received from Another Employer

Other Employer Name(s)

Employee Name

Date

Department Head Approval/Disapproval/Reason/Signature: