



Request for Emergency Paid Sick Leave (EPSL)

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Texas A&M University-San Antonio Emergency Paid Sick Leave Policy, please complete the following request form and submit to your manager as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy (see page 2 of this form).

Employee Name (print clearly): _____

Department: _____ College/Division: _____

Manager Name: _____

Requested Leave Start Date: _____ 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 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: _____

Manager Signature: _____ Date: _____

HR Department Rep Signature: _____ Date: _____



Employee Statement Supporting Leave

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: _____

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: Yes No

3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Select one:

___ I am experiencing symptoms of COVID-19 and have an appointment scheduled on _____.

___ 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:

Written documentation is available and attached: Yes No

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

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: _____

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: _____