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**Emergency Paid Sick Leave Act (E-PSL)**

**Employee Leave Request Form**

*This form must be completed and returned to Human Resources before any request for leave under the Emergency Paid Sick Leave Act (the "E-PSL") will be approved. Questions about the E-PSL or this form should be directed to* [*Rhondap@oregonhumane.org*](mailto:Rhondap@oregonhumane.org)

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_

Reason for Leave Request: I am unable to work **or telework** because I:

* 1) Am personally subject to a federal, state, or local quarantine or isolation order related to COVID-19[[1]](#endnote-1)
* 2) Have been advised by a health care provider to self-quarantine related to COVID-19
* 3) Am experiencing COVID-19 symptoms and am seeking a medical diagnosis
* 4) Am caring for an individual subject to a federal, state, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine related to COVID-19[[2]](#endnote-2)
* 5) Am caring for a child whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19
* 6) Am experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services

Documentation Supporting Reason for Leave (submit your documentation with this form):

* Federal, state, or local order placing you or the individual for whom you are caring in quarantine or isolation related to COVID-19
* Documentation from affected person's health care provider advising self-quarantine or showing that affected person is seeking a medical diagnosis
* Notice posted on the website of a government, school, or place of care announcing closure of dependent child's school or place of care due to COVID-19
* E-mail from an employee or official of dependent child's school or place of care announcing closure due to COVID-19
* E-mail from dependent child's care provider stating unavailability to provide care due to COVID-19
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Requested Leave is to Begin: \_\_\_\_\_\_\_\_\_\_\_\_ Date Requested Leave Will End: \_\_\_\_\_\_\_\_\_\_\_\_

Are You Also Requesting Leave under the Emergency Family Medical Leave Act ("E-FMLA") for this Leave Period:Yes \_\_\_ No \_\_\_

Are you Requesting Intermittent Leave: Yes \_\_\_ No \_\_\_

If yes, please explain the requested intermittent periods of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Intermittent leave is available in full day increments)

E-PSL for an employee’s own COVID illness (reasons 1-3 above) will be paid at 100% of pay for up to 80 hours (part time workers prorated). E-PSL for reasons 4-6 above will be paid at 2/3rds pay. PTO can not be used to supplement days with 2/3 pay.

I certify that the information I have provided is accurate. I understand that it is my responsibility to notify HR immediately if there is any change to my leave request above.

Employee signature Date

HR Received Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Note, a general government issued “stay home” or “shelter in place” order does not meet this criteria. The order must be issued directly to you and be specific to you.

2 Note, a general government issued “stay home” or “shelter in place” order does not meet this criteria. The order must be issued directly to the individual for whom you are caring and be specific to that individual.

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)