

## **Request for Emergency Paid Sick Leave (EPSL)**

The Emergency Paid Sick Leave Act entitles eligible employees up to 80 hours of paid sick leave, starting on the first day of employment, when the employee is unable to work (or telework) due to: an order to quarantine or self-quarantine; displaying COVID-19 symptoms; or caring for a child because of a school closure.

## **EMPLOYEE INFORMATION**

Employee Name:	Mustang ID#:	
Department:	Job Title:	
Supervisor:	Work Phone:	
List the address you can be reached during leave:		
Address:	City/Zip:	
Phone:		
Last day worked: Period of Absence Requeste	d: From: Through:	
I will need (choose one): 🔲 Continuous Leave 🔲 Intermittent leave		
If your leave is intermittent, please specify your work schedule:		

## **QUALIFYING REASONS FOR LEAVE**

I am requesting Emergency Paid Sick Leave for the following reason:

1. Employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19;

2. Employee has been advised by a healthcare provider to self-quarantine due to COVID-19;

3. Employee is experiencing COVID-19 symptoms and seeking a medical diagnosis;

4. Employee is caring for an individual subject to an order described in (1) or self-quarantined as described in (2);

_	5. Employee is caring for a child of any age whose school or place of care is closed (or childcare provider is unavailable) for reasons related to
	COVID-19;

My child attends:

6. Experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

By signing below, I certify to the best of my knowledge that all information provided on this application is true and accurate. *NOTE: Appropriate form or supporting documentation may be required in order to be considered for approval.* 

Signature of Applicant

Date