



Request for Emergency Paid Sick Leave (EPSL)

Emergency Paid Sick Leave may be granted to eligible Staff/Faculty when the employee is unable to work (or telework) due to: an order to quarantine or self-quarantine; displaying COVID-19 symptoms and seeking diagnosis; or caring for a child due to a pandemic related facility closure. EPSL is limited to a lifetime maximum of 80 hours and expires 05/31/2021.

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 Requested: 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. Upon satisfying the required quarantine, I plan to return to work at Midwestern State University.

NOTE: Appropriate form or supporting documentation may be required in order to be considered for approval.

Signature of Applicant

Date