

## Emergency Paid Sick Leave – Request Form

1.) Name:

2.) SCEIS/Employee Number:

Date of Requested Leave	Number of Leave Hours Requested

• Reason Leave is Being Taken (check one):

- Reason One: The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID–19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Two: The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Three: The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Four: The employee is caring for an individual who is subject to an order as described in subparagraph 1 or has been advised as described in reason 1. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)
- Reason Five: The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID–19 precautions. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)
- Reason Six: The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)

**Required Documentation:** Documentation supporting the need and reason for leave should be attached to this form.

**Note:** Emergency Paid Sick Leave can be used during the first 10 days of EFMLA to provide payment during the initial 10 days of EFMLA which is not paid.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Emergency Family and Medical Leave Expansion Act Leave – Request Form

1.) Name:

2.) SCEIS/Employee Number:

Date of Requested Leave	Number of Leave Hours Requested

**Required Documentation:** Documentation supporting the need and reason for leave should be attached to this form.

**Note:** Emergency Paid Sick Leave can be used during the first 10 days of EFMLA to provide payment during the initial 10 days of EFMLA which is not paid.

*This form should only be used for leave requested under the EFMLA. Leave taken under other provisions of the FMLA should be requested in accordance with the FMLA procedure.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Emergency Paid Sick Leave and Emergency Family and Medical Leave Expansion Act (EFMLA) Leave  
Supplemental Leave – Request Form**

1.) Name:

2.) SCEIS/Employee Number:

The pay provided under the Emergency Paid Sick Leave Act and EFMLA may be less than an employee's normal rate of pay because of limitations on the pay rate which will be paid under these leave types or daily or aggregate limits. In this situation, employees may use available accrued leave (i.e. sick leave, annual leave and compensatory time) to augment leave taken pursuant to the Emergency Paid Sick Leave Act and EFMLA to increase the pay received up to their regular salary rate. Leave can only be taken which is available to the employee as of the date the Emergency Paid Sick Leave or EFMLA leave is taken. Employees may check their leave balances by through SCEIS Central.

Would you like to use accrued leave to augment leave taken pursuant to the Emergency Paid Sick Leave Act or the Emergency Family and Medical Leave Expansion Act to increase your paid leave up to your regular salary rate?

- Yes
- No

If you answered yes to the question above, you must indicate which leave types will be used.

It is recommended that leave be applied in the following order in the amount necessary to bring the employee's pay up to their regular rate of pay until that leave type is exhausted and then moving on to the next leave type.

1. Sick Leave (including advanced sick leave)
2. Compensatory Time (including holiday compensatory time)
3. Annual Leave

Would you like your leave applied in this way?

- Yes
- No

If you answered no to the question above, you must indicate the amount and type of leave you would like to take. You may not take leave beyond the amount which results in your regular rate of pay.

For assistance in calculating this amount please contact your human resources office.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date