



HUMAN RESOURCES DIVISION EMERGENCY PAID SICK LEAVE (EPSL) REQUEST FORM

To be completed by the employee

Employee Name _____ Date of Application _____

Mailing Address _____
Street/Box _____ City _____ State _____ Zip _____

Personal Phone _____ Work Phone _____

Division _____ Supervisor Name _____

Position Title _____

Date of Hire _____

1. YOU ARE ELIGIBLE TO TAKE EMERGENCY PAID SICK LEAVE IF:

You are unable to work (including telework) and the City has work available for you:

1. You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
2. You have been advised by a health care provider to self-quarantine related to COVID-19.
3. You are experiencing symptoms of COVID-19 symptoms and are seeking a medical diagnosis.
4. You are caring for an individual who either is subject to an order described in (1) or self-quarantine as described in (2).
5. You are caring for a child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons.

2. DOCUMENTATION

You have completed and attached documentation to support this emergency paid sick leave, such as:

- A Federal, State or local quarantine or isolation order. (Reason #1 or #4)
- Written documentation by a health care provider advising you to self-quarantine due to concerns related to COVID-19. (Reason #2 or #4)
- Evidence you are experiencing symptoms of COVID-19 and are seeking a medical diagnosis. (Reason # 3)
- A notice of closure or unavailability of school or a place of care posted on a government, school, or daycare website, or published in the newspaper, or an email from an employee or official of the school, place of care, or child-care provider. (Reason #5)

You will provide the documentation within 15 calendar days.

3. LENGTH OF LEAVE REQUESTED

Start Date _____ End Date _____

Full-time leave

Intermittent or reduced schedule leave (telecommuting only)*. List specific dates/times/schedule requested

**Employees needing an intermittent/reduced schedule must work with their supervisor to schedule the leave to not unduly disrupt the employer's operations and must be no less than four (4) hour increments.*

4. **SALARY ELECTION**

Reasons 1-3

100% normal rate of pay

Reasons 4-5

100% normal rate of pay utilizing accrued leave as requested below, or

2/3 normal rate of pay, or

ACCRUED LEAVE

I have elected to receive 100% of my pay by utilizing available accrued leave. I choose to use the following accrued leave (number the leaves to be used in priority order and the number of hours to be used):

Priority Order	Type of Leave	Number of Hours to be Used
_____	Vacation	_____
_____	Earned Paid Sick Time	_____
_____	PTO	_____
_____	Comp Time	_____
_____	Floating Holiday	_____
_____	Personal Day	_____
_____	Holiday	_____
_____	Parental Leave	_____
_____	FMLA Public Health Emerg Leave	_____
_____	Donated Leave*	_____

*Only if all other eligible leave is exhausted

6. **INSURANCE BENEFITS**

If you currently have dependent health insurance, are you continuing coverage?

Yes

- While on paid leave, the dependent premiums will continue to come out of your paycheck.
- While on unpaid leave, you will need to contact Payroll at 213-2200 to make arrangements to pay for the dependent insurance premiums.

No

Not applicable

If you currently have voluntary life insurance for you or your dependents do you want to continue coverage?

Yes

- While on paid leave, the dependent premiums will continue to come out of your paycheck.
- While on unpaid leave, you will need to contact Payroll at 213-2200 to make arrangements to pay for the dependent insurance premiums.

No

- Will reinstate upon return to work.

Employee Acknowledgment

By signing below, I certify that my answers are true and correct and that I agree to abide by the requirements of the City of Flagstaff procedures regarding the Emergency Paid Sick Leave.

Employee signature: _____ Date: _____