



535 Grand Avenue, Grand Junction, CO 81501  
970-243-7789 ♦ [www.lighthousehrs.net](http://www.lighthousehrs.net) ♦ [office@lhrs.net](mailto:office@lhrs.net)

## Employee Request for Emergency Paid Sick Leave

Employees requesting Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Human Resources for processing.

You must to provide documentation in support of the need for EPSL, such as a copy of the quarantine or isolation order, or written documentation from a health care provider advising self-quarantine. In the case of leave based on a quarantine order or self-quarantine advice, you must also provide the name of the government entity ordering quarantine or the name of the health care professional advising self-quarantine, and For employees using EPSL to care for a child, examples of supporting documentation include a notice posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

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Employee's Name: \_\_\_\_\_ Employee's Phone #: \_\_\_\_\_

Employee Department: \_\_\_\_\_ Employee's Supervisor: \_\_\_\_\_

Request is for:  New request for leave  Extension of current leave  
 Continuous leave  Intermittent leave\*

\* Please describe the intermittent leave required: \_\_\_\_\_

Anticipated leave start date: \_\_\_\_\_ Anticipated return to work date: \_\_\_\_\_

Child(ren)'s Name: \_\_\_\_\_ Child(ren)'s Age(s): \_\_\_\_\_

Name of School or Child Care Provider: \_\_\_\_\_

Address of School or Child Care Provider: \_\_\_\_\_

Name and Phone # for Contact at School or Child Care: \_\_\_\_\_

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Please check the reason for the request (unable to work or telework):

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID.
  - I have been advised by a health care provider to self-quarantine due to concerns related to COVID.
  - I am experiencing symptoms of COVID and am seeking a medical diagnosis.
  - I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID, or who has been advised by a health care provider to self-quarantine due to concerns related to COVID.
  - I am caring for a child because his or her school or place of care has been closed, or because his or her child care provider is unavailable, due to COVID precautions.
  - I am experiencing a 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.
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Pursuant to the FFCRA, FT employees are entitled to 80 hours of EPSL. PT employees are eligible for a number of hours that such employee works, on average, over a 2-week period. You will receive your regular rate of pay for EPSL uses described in the first three reasons for leave above (not to exceed \$511/day or \$5,110/aggregate). You will receive 2/3 of your regular rate of pay for EPSL uses described in the last three reasons for leave above (not to exceed \$200/day or \$2,000/aggregate). You may choose to first use EPSL before any other accrued paid leave provided by policy or law.



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I certify that the above information is accurate and complete. I certify that I am unable to work or telework due to the above reason, and that, in the event of leave based on a school closing or child care provider unavailability, no other person will be providing care for the above child during the period for which I receive EPSL. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_