City of SACRAMENTO
Department of Human Resources

REQUEST FOR EMERGENCY PAID SICK LEAVE (EPSL)

Employee Name _____ EMPID _____

Department _____ Position Title _____

Start Date: _____ End Date: _____

All full-time and part-time employees who are unable to work at their physical work location or telework from a remote location due to one or more of the following reasons are eligible for emergency paid sick leave.

Please select the reason for your request for emergency paid sick leave and provide supporting documentation.

Section 1. Reason for Emergency Paid Sick Leave:

☐	1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. *(no documentation required)*
☐	2. I have been advised by a health care provider to self-quarantine including due to immuno-compromised concerns related to COVID-19. ☐ 2a. I have been tested for COVID-19.
☐	3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
☐	4. I am caring for an individual who is subject to a Federal, State or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19. ***(see section 3 & 4 – Up to two-thirds of salary)***
☐	5. I am caring for my child who is under 18 years of age or who is 18 years of age or older and incapable of self-care because of a mental or physical disability whose school or place of care has been closed, or the child-care provider of such child is unavailable, due to reasons related to COVID-19. The employee must provide day-to-day responsibilities to care for or financially support a child. ***(see section 3 & 4 – Up to two-thirds of salary)***
☐	6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and the Secretary of Labor. ***(see section 3 & 4 – up to two-thirds of salary)***

Section 2. Required Documentation and/or Certification Forms:

Reason 2: A note from health care provider or an 'Employee Self-Certification of Need for Emergency Paid Sick Leave' (if tested positive for COVID-19, test results must be provided).
Reasons 3, 4, & 6: Requires an 'Employee Self-Certification of Need for Paid Emergency Sick Leave'.
Reason 5: Requires an 'Employee Self-Certification of Need for Emergency Paid Sick Leave for Child School/Day Care Closure' and documentation from school or daycare provider regarding closure due to COVID-19 (i.e. email, letter, or posting from website).

☐ I have included supporting documentation for my request.

☐ I have NOT included supporting documentation for my request.

Section 3. Pay Rate for Full-time and Part-time Employees:

Full-time employees may receive up to 80 hours of paid sick leave at the employee's regular rate of pay, **with the following pay maximums:**

- For reasons 1-3 above: 100% pay, not to exceed $511 per day and $5,110 in total.
- For reasons 4-6 above: 2/3 pay, not to exceed $200 per day and $2,000 in total. (You may use your own leave accruals to supplement the unpaid portion of EPSL, see Section 4 below.)

Pursuant to the Families First Coronavirus Act (FFCRA), paid sick leave is available for use from April 1, 2020, through December 31, 2020. Any unused paid sick leave will not carry over to the next year nor will have a cash value.

Section 4. Supplemental Leave Accruals:

Employees can elect to supplement the maximum wages allowed under EPSL with their accrued paid leaves to achieve 100% of their regular rate of pay.

☐**Yes, I would like to supplement the unpaid portion of EPSL with my leave accruals.**

Please indicate the leave accruals you would like to use during your leave:

☐Vacation ☐Holiday Earned ☐Other _____
☐Sick ☐CTO
☐Holiday Accrued ☐ATO

☐**No, I do <u>not</u> wish to supplement my leave using my available leave accruals.**

Section 5. Acknowledgement and Signature:

I acknowledge that I will not be approved for emergency paid sick leave without submitting documentation supporting the need to take emergency paid sick leave. I am submitting with this request a true and correct copy of documentation in support of my need to take emergency paid sick leave. I also acknowledge that I may have to submit new certification(s) related to my need to take emergency paid sick leave.

_____ _____
Employee Signature Date

_____
Department Director or Designee Name

_____
Signature of Department Director or Designee

*****Please send this completed form and supporting documentation to: loarequest@cityofsacramento.org***

FOR HR DEPARTMENT USE ONLY:

Date: _____ Request for EPSL (initials): Approved: _____ Denied: _____

If request for emergency paid sick leave was denied, please indicate reason below: