



**Grand Traverse County
Emergency Paid Sick Leave Act (EPSLA) Request Form**

Please complete this form to request leave under the Emergency Paid Sick Leave Act (EPSLA). Leave will be granted and administered in accordance with the Families First Coronavirus Response Act (FFCRA) and the Grand Traverse County EPSLA Policy.

Employee _____ Title _____ Date of Hire _____

Supervisor _____ Today's Date _____

REASON FOR LEAVE (check one):

- _____ Employee is subject to a federal, state or local quarantine/isolation order related to COVID-19.
- _____ Employee has been advised by a health care provider to self-quarantine due to COVID-19 concerns.
- _____ Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- _____ Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
- _____ Employee is caring for a child if the school or place of care is closed.
- _____ Employee is experiencing any other substantially similar conditions specified by the Secretary of Health & Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Provide description/details as appropriate:

TYPE OF LEAVE REQUESTED: Continuous _____ Intermittent _____ Reduced Hours _____

When an employee is granted FMLA leave, he/she will first use all accrued paid (sick, vacation, personal or worker's compensation leave) except 40 hours' sick, or as otherwise indicated in Union Contract/policy. After accrued paid leave is exhausted, the remaining weeks of leave will be unpaid. An employee can request the order in which paid leave is used. Documentation supporting the need for leave must be included with this request.

Explanation of length and type of leave requested:

Date leave to start: _____ Date of anticipated return to work: _____

Signature of Employee/Representative

Date

Supervisor's Signature

Date

Received by: _____
Signature of HR Personnel

_____ Date



Employee Statement Supporting Leave

I, _____, provide the following information in support of my request for emergency paid sick leave (complete all that apply):

Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order:

_____ Effective dates of the order: _____

Leave due to a health care provider's advice to self-quarantine

Name of the health care provider advising me or the individual I am caring for to self-quarantine: _____

Written documentation is available and attached: Yes No

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

Leave due to a school or place of child care closed due to COVID-19

Name of school or place of care:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

Leave due to a substantially similar condition specified by the secretary of health and human services

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ Date: _____