



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

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| Employee Acknowledgment |
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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: _____

Revised 1/2021