

Emergency Family and Medical Leave Expansion Request Form

Employee Name: _____ Employee ID: _____

Supervisor: _____ Department: _____

Personal Phone #: _____ Personal E-Mail: _____

Leave Start date: _____ **End date:** _____ **Type:** ____ Continuous ____ Intermittent ____ Both

Emergency Paid Sick Leave

I am unable to work or telework due to the identified reason below (check one), as such, I am requesting Emergency Paid Sick Leave:

- ☐ Subject to a government quarantine or isolation due to COVID-19 (if not instructed by state or federal quarantine, documentation is required);
- ☐ Advised by a healthcare provider to self-quarantine due to COVID-19 (documentation required);
- ☐ Experiencing the symptoms of COVID-19 and are seeking a diagnosis (documentation required);
- ☐ Caring for an individual subject to or advised to quarantine or isolate (documentation required);
- ☐ Caring for a son or daughter whose school or childcare is closed or unavailable due to COVID-19 and am **unable** to work or telework (documentation required) – this reason qualifies for up to an additional 10 week period of paid leave beyond the first 80 hours granted under Emergency Paid Sick Leave;

Name and grade of dependent(s): _____

- ☐ Experiencing substantially similar conditions as those specified by the Secretary of Health and Human Service in consultation with the Secretaries of Labor and Treasury.

By initialling below I acknowledge:

____ I have read page 2 and understand I may be required to submit supporting documentation as soon as possible, but no later than 20 days.

____ I wish to supplement my pay with eligible sick or annual leave per the policy.

____ I understand that leave used will be counted towards my annual 12-week FMLA eligibility.

Please initial how you will pay for your portion of your premium deductions during unpaid leave time:

I elect to have premiums withheld from the first paycheck received when returning from leave. I understand that if I do not return to work, I will be billed for any elective benefit premiums. Employee Initials: _____	I will pay NDSU for the premiums/deductions during my absence on a monthly basis. Employee Initials: _____	Not applicable, I am using applicable paid leave. Employee Initials: _____
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I have been fully informed of NDSU's leave of absence policy and understand that this will be an unpaid leave except when I am using my applicable paid leave time concurrent. If I am on unpaid leave, I understand that I am responsible to pay for my portion of the voluntary insurance premiums while I am on leave. I hereby give permission to NDSU to deduct from my paychecks any portion of the insurance premiums I fail to pay during my leave. This includes paychecks I receive when I return from leave or the final payout of any remaining dollars owed to me by NDSU, such as any remaining hours of annual/sick leave.

Employee Signature Date Signed Supervisor/Department Signature Date Signed

- ✓ **Submit completed form, including supervisor signature, via secure file transfer or fax: File drop click: <https://filetransfer.ndsu.edu/filedrop/ndsu.hr@ndsu.edu> Fax: 701-231-9686**
- ✓ **Do not provide medical verification to your supervisor**

Eligible Not Eligible Leave Details:

Human Resources Signature

Emergency Paid Sick Leave (EPSL)

Eligible:

- Employees, upon first day of hire

Provides:

- Up to 80 hours of compensation (pro-rated for part-time workers)

Compensation:

- Reasons 1-3 below: Regular rate of pay up to \$511 per day, and \$5,110 in aggregate.
- Reasons 4-6 below: two-thirds of the regular rate of pay up to \$200 per day, and \$2,000 total in aggregate.
- This leave is separate from accrued annual leave and sick leave.

Eligible reasons to use EPSL:

To care for self:

1. Subject to a government quarantine or isolation order due to COVID-19 (if not instructed by state or federal quarantine need to provide documentation);
2. Advised by a healthcare provider to self-quarantine due to COVID-19 (documentation required);
3. Experiencing the symptoms of COVID-19 and are seeking a diagnosis (documentation required);

To care for others:

4. Caring for an individual subject to or advised to quarantine or isolate (documentation required);
5. Caring for a son or daughter whose school or childcare is closed or unavailable due to COVID-19 (required for day care closing); or
6. Experiencing substantially similar conditions as those specified by the Secretary of Health and Human Service in consultation with the Secretaries of Labor and Treasury.

Required documentation:

For EPSL, the employee is required to provide “appropriate documentation” identifying the reason for requesting leave, a statement that the employee is unable to work (including telework) for that reason, and the date(s) for which leave is requested. This documentation may include:

- The source of any quarantine or isolation order and may include a copy of the Federal, State or local quarantine or isolation order related to COVID-19 applicable to the employee.
- The name of the health care provider who has advised the employee to self-quarantine, including, for example, written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19.

Emergency Family and Medical Leave

Eligible:

- Employees employed 30 days or more
- Employees unable to work (or telework) due to caring for a child whose school or childcare is closed or unavailable due to COVID-19

Provides:

- Up to 12 weeks of job protected leave
- This leave is subject to the FMLA 12-week annual maximum

Compensation:

- First 10 days of the leave are unpaid, may substitute EPSL, annual leave, or sick leave.
- Ten remaining weeks of leave are paid at two-thirds of the regular rate of pay, not to exceed \$200 per day and \$10,000 in aggregate.
- This leave is separate from accrued annual leave and sick leave.

Required documentation:

If an employee takes EPSL and/or FMLA+ to care for his or her child whose school or place of care is closed due to COVID-19, employees again must provide “appropriate documentation” in support of leave. Examples include:

- A notice that has been 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