

**EMERGENCY PAID SICK LEAVE REQUEST FORM
FOR COVID-19-RELATED LEAVE**

Effective for requests made on or after April 1, 2020 through December 31, 2020.

The Families First Coronavirus Response Act (“Act”), enacted on March 18, 2020, provides employees with access to emergency paid sick leave (“EPSL”) for certain leave requests related to the COVID-19 pandemic. As of April 1, 2020, EPSL is available for immediate use by qualifying employees. Full-time employees are eligible for up to 80 hours of EPSL. Part-time employees are eligible for EPSL in an amount equal to the number of hours the employee works, on average, over a two-week period. All paid leave under the Act is subject to the provisions outlined below. Employees should contact their supervisors or human resources departments with any questions.

EMPLOYEE EPSL REQUEST:

Date: _____ **Employee ID:** _____

Name (please print): _____

Employee Title/Position: _____ Department _____

Employee Supervisor: _____

I would like to request EPSL for the following reason(s) (*check all that apply*):

_____ (1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19;

_____ (2) I have been advised by a health care provider to self-quarantine because of COVID-19;

_____ (3) I am experiencing symptoms of COVID-19 and is seeking a medical diagnosis;

_____ (4) I am caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in paragraph (2).

_____ (5) I am caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions; or

_____ (6) I am experiencing any other substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Dates of Leave Requested: _____ to _____

COMPENSATION PROVISIONS

1. The employee will be compensated for EPSL at their regular rate, up to \$511 per day, where leave is taken for reasons (1), (2), and (3) above (own illness or quarantine)
2. The employee will be compensated for EPSL 2/3 their regular rate, up to \$200 per day, where leave is taken for reasons (4) or (5) above (care for others or school closures).
3. It is unlawful for any employer to require the employee to find a replacement, discharge, discipline, or in any other manner discriminate against any employee taking leave in accordance with this Act.

_____ I request to utilize my accrued leave to supplement the reduced compensation for this leave period, leave will be utilized as outlined in BOR policy and SD Administrative Rules.

- If this leave request is for reasons 1-3, the leave will be applied in the following order of availability: accrued comp time, sick leave, annual leave.
- If this leave request is for reasons 4-6, the leave will be applied in the following order of availability: accrued comp time, personal leave, annual leave.

Employee Signature: _____ **Date:** _____

Please return this form to: Human Resources
 Morrill Hall 100, Box 2201
 SDSU.Human.Resources2@sdstate.edu

If the expected duration of the leave changes, please contact Linda VanMaanen:
linda.vanmaanen@sdstate.edu or 605-688-4128.