



Email to: crystalh@swankco.com

EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE

Employees requesting Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to Human Resources for processing.

Employee Name:	
Employee Home Address:	E-mail:
Home Phone Number:	Cell Phone Number:
Anticipated Begin Date of Leave:	Expected Return to Work Date:
<p>Reason for Leave (check all applicable) I am <u>unable</u> to work (or telework) for the following reasons:</p> <p><input type="checkbox"/> I am subject to a federal, state, or local quarantine or isolation order related to COVID-19. Indicate the name of the government entity that issued the Quarantine or Isolation Order: _____</p> <p><input type="checkbox"/> I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Provide the name of the health care provider who provided this advice: _____</p> <p><input type="checkbox"/> I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. Please note you are only entitled to leave for this reason for the time it takes to make, wait for, or attend an appointment for a test for COVID-19.</p> <p><input type="checkbox"/> I am caring for an individual who is subject to reason 1 or 2 above. Indicate the name of the government entity that issued the Quarantine or Isolation Order that pertains to an immediate family member, individual who regularly resides in your home, or someone for whom you regularly provide care: _____</p> <p><input type="checkbox"/> I am caring for my Son or Daughter whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions. Name of Child: _____ (includes adopted, foster, stepchild or legal ward). Name of School/Place of Care or Child Care Provider: _____</p> <p>Is any other individual, such as a co-parent or guardian, relative or the usual child care provider available to care for the child during any of your normal work hours? _____</p> <p><input type="checkbox"/> I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.</p>	
<p>Limitations on Paid Leave: Pursuant to the EPSL, full time employees qualify for 80 hours of paid leave at your regular rate of pay for Reasons 1 to 3 above for a maximum of \$511 per day, \$5,110 total. Part time employees qualify for the hours equal to your average hours over a two week period or as determined pursuant to the guidelines set forth in the FFCRA. For reasons 4 to 6 above, you are entitled to paid leave at 2/3 your regular pay or not more than \$200 per day or \$2,000 total.</p>	

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Employee Signature: _____

Date: _____

Human Resources Signature

Date