



## Request for Emergency Paid Sick Leave (“EPSL”) under the Families First Coronavirus Response Act (“FFCRA”)

Please complete the following request form and submit to the Human Resources Department **as soon as possible** before leave commences. Email all requests to [mandi.carter@cityofcharleston.org](mailto:mandi.carter@cityofcharleston.org), or via fax to **(304) 348-8055**. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave **must be included with this request**, as described in the City of Charleston’s *Families First Coronavirus Response Act: FMLA and Emergency Paid Sick Leave Policy (non-Emergency Responders)*.

Employee Name (print clearly): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address (best one at which you can be reached): \_\_\_\_\_

Department: \_\_\_\_\_ Department Head/Supervisor: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date : \_\_\_\_\_

The amount of Emergency Paid Sick Leave being requested is \_\_\_\_\_ hours.

[Optional: I wish to take intermittent leave for reason #5 below, during the following days and hours:]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I am requesting this Emergency Paid Sick Leave due to my inability to work (or telework) because (check the appropriate reason(s) below):

- 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 due to concerns related to COVID–19.
- 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID–19 precautions; and,
  - I attest that no other suitable person is available to care for my child during the requested period of leave.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

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Employee Acknowledgement

- I acknowledge that by signing this form all statements, including but not limited to, my assertion that I cannot telework, are true and will be subject to discipline up to and including termination if information is found to be false.
- I have attached documentation supporting my need for leave.
- At the conclusion of any approved Emergency Paid Sick Leave, I am electing to use:
  - accrued sick leave, followed by accrued vacation leave
  - unpaid leave
- I agree to contact the HR Department at (304) 348-8015 or via email at [mandi.carter@cityofcharleston.org](mailto:mandi.carter@cityofcharleston.org) to provide updates of *any* changes in my leave status or leave usage changes.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

HR Director/Assistant Director \_\_\_\_\_

Date \_\_\_\_\_

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**\*INTERNAL USE ONLY\***

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Date Completed Request Received by HR: \_\_\_\_\_

Valid documentation provided verifying eligibility of EPSL:  Yes  No

If not provided, date of HR follow-up with requesting employee \_\_\_\_\_

Approved:  Yes  No

EPSL start date: \_\_\_\_\_

EPSL end date: \_\_\_\_\_

If not approved, reason for rejection of requested leave: \_\_\_\_\_