Tennessee State Government

Families First Coronavirus Response Act Leave Request

Emergency Paid Sick Leave or Expanded Family and Medical Leave

PART 1 – EMPLOYEE INFORMATION

Employee Name _____ Title _____

Employee ID # _____ Supervisor _____

Employee Email/Phone _____

PART 2 - Emergency Paid Sick Leave

The Families First Coronavirus Response Act provides employees up to 2 weeks of emergency paid sick leave for certain COVID-19 related reasons.

I am requesting Emergency Paid Sick Leave (EPSL) due to my inability to work or work from home:

Beginning _____ Through _____

Because I: (*Leave for any of these reasons is paid at 100% of employee's regular rate to a max of $500/day.*)

- ☐ am subject to a federal, state, or local quarantine or isolation order related to COVID-19 **(Skip to Section 5)**
- ☐ have been advised by a health care provider to self-quarantine due to COVID-19 concerns **(Skip to Section 5)**
- ☐ am experiencing COVID-19 symptoms and seeking medical diagnosis **(Skip to Section 5)**

Because I: (*Leave for any of these reasons is paid at two-thirds of employee's regular rate of pay to a max of $200/day.*)

- ☐ am caring for an individual subject to a federal, state, or local quarantine or isolation order or advised by a health care provider to self-quarantine due to COVID-19 concerns **(Skip to Section 5)**
- ☐ am caring for my child (under the age of 18 or 18 or older and incapable of self-care) because the child's school or place of care is closed or unavailable due to public health emergency **(See also Sections 3, 4, and 5)**

Employees wishing to receive full pay will need to use their accumulated leave. If you wish to do so, please indicate below:

☐ In lieu of EPSL, I wish to use my accumulated leave in order to receive full pay.

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PART 3 – CHILD/DEPENDENT CARE

An employee may request emergency paid sick leave to care for a child because the school or place of care is closed. This leave may be taken continuously or intermittently.

If you are requesting intermittent leave, please complete the following section:

☐ I am requesting intermittent EPSL to care for my child (under the age of 18 or 18 or older and incapable of self-care) because the child's school or place of care is closed or unavailable due to public health emergency.

My requested schedule is as follows:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If you request leave to care for a child because the school or place of care is closed, please fill out the following:

Name(s) of the child(ren) being cared for:

_____

_____

Name of the school, place of care, or child provider:

_____

_____

☐ I certify that that no other suitable person is available for the care of the above-named child(ren) during the period of requested leave.

☐ I certify that I am unable to work or work from home because my child(ren) school or place of care is closed.

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SECTION 4 – EXPANDED FAMILY AND MEDICAL LEAVE ACT (Expanded FMLA)

If you have been employed for at least 30 calendar days, you may be eligible for Expanded Family and Medical Leave in addition to EPSL if you are taking leave to care for your child's school or place of care is closed or unavailable due to public health emergency. The first 10 days are unpaid; however, Emergency Paid Sick Leave (EPSL) or accrued leave may be used to cover these days. Any remaining time (up to 10 weeks) taken is paid at two-thirds of employee's regular rate of pay.

☐ I understand that Expanded Family and Medical Leave only adds a qualifying reason for taking Family and Medical Leave. It does not provide additional coverage time, and use for any combination of circumstances listed above, or for any of the existing reasons within the Act will be limited to a total of twelve (12) work weeks in a rolling 12-month period. Any leave taken under the Family and Medical Act within the prior 12 months may impact the amount of leave I am eligible for under the Emergency Family and Medical Leave Expansion Act.

Expanded Family and Medical Leave is paid at two-thirds of employee's regular rate of pay to a max of $200/day. If you wish to receive full pay, employees will need to use their accumulated leave. If you wish to do so, please indicate below:

☐ In lieu of Expanded FMLA, I wish to use my accumulated leave in order to receive full pay.

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SECTION 5 – ACKNOWLEDGEMENT

Please review and fill out this section.

If you request leave because you are subject to a quarantine or isolation order or to care for an individual subject to such an order, you are required to additionally provide the name of the government entity that issued the order. If you request leave to self-quarantine based on the advice of a health care provider or to care for an individual who is self-quarantining based on such advice, you are also required to additionally provide the name of the health care provider who gave advice.

Government Entity/Health Care Provider Information:

Providers Name: _____

Contact Information: _____

☐ I understand that return to my former position or equivalent position with the same pay and grade, benefits, and comparable working conditions is contingent upon compliance with the terms of approved Family and Medical Leave.

☐ I also understand that, if I do not meet the eligibility requirements, I will be notified by Human Resources within 5 business days.

☐ I certify everything in this document is accurate and correct to the best of my knowledge and recollection.

_____ _____

Signature of Employee Date

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NOTE TO EMPLOYEE: *E-mail this form as soon as practicable to your Human Resources office. Please retain copies of all information for your record.*