



Charles County Department of Human Resources

Temporary Emergency Paid Sick Leave Election Form COVID-19 Related Leave

Instructions for completed EPSL Form:

The employee will complete the form and submit it to their supervisor for approval.

The supervisor will review the form, sign off and submit to their personnel coordinator.

The personnel coordinator should keep a copy for their own records and then forward to HR.

HR will determine eligibility, sign off and forward a copy of the completed form to the personnel coordinator, supervisor and employee.

Name: _____ Date: _____
(Please print)

Job Title: _____ Phone Number: _____

Email: _____

Beginning April 1, 2020 and ending December 31, 2020, employees may be eligible for Emergency Paid Sick Leave (EPSL) related to the COVID-19 public health emergency for the six (6) reasons described below.

To be completed by Employee

I need EPSL beginning _____ to _____ because **I am unable to work or telework**, for the following reason(s):

Note: you must provide the requested information in the "Explanation" space below.

_____ I am subject to a federal, state, or local quarantine or isolation order related to Coronavirus (Reason 1)
Provide documentation from the government entity that issued the quarantine or isolation order.

_____ I have been advised by a health care provider to self-quarantine due to Coronavirus related concerns (Reason 2)
Provide documentation from the health care provider who advised you to self-quarantine.

_____ I am experiencing Coronavirus symptoms and is seeking medical diagnosis (Reason 3)
Provide documentation from the health care provider from whom you are seeking a diagnosis.

_____ I am caring for an individual who, due to the Coronavirus: (a) is subject to an isolation or quarantine order from a federal, state, or local government; or (b) have been advised by a health care provider to self-quarantine (Reason 4)
Provide the name of the individual and provide documentation from the government entity that issued the quarantine or isolation order or the name of the health care provider who advised the individual for whom you are caring.

_____ I am caring for my minor child (or child over 18 if the child has a mental/physical disability and is incapable of self-care because of that disability) because my child's school or place of child care has been closed or is unavailable due to a public health emergency (Reason 5)
Provide the name of the child(ren) being cared for, the name of the school, place of care, or child care provider that has closed or become unavailable, and a statement that no other suitable person will be caring for the child (ren) during the period for which you are taking EPSL. If the child(ren) you are caring for are over 14 years old, explain the special circumstances that require you to provide care during daylight hours.

_____ I am experiencing "any other substantially similar condition specified" by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury (Reason 6)

Explanation: _____

Continuous/Intermittent EPSL Leave - If you are working at your normal work place, intermittent leave is only available for Reason 5. If you are teleworking, intermittent leave is available only if an acceptable arrangement is agreed to between you and your supervisory chain of command.

I request intermittent EPSL leave and propose the following schedule:

Employee's Signature

Date

To be completed by Supervisor

_____ I acknowledge the leave to be taken and understand the employee will not work during their regularly scheduled hours.

_____ You are approved for the following intermittent leave schedule, if applicable:

Supervisor's Signature

Date

To be completed by Human Resources

_____ You are eligible for EPSL.

_____ You are not eligible for EPSL, because you have not provided documentation sufficient to support a reason qualifying for EPSL.

Human Resource Representative's Signature

Date