

# The Texas A&M University System

## Emergency Paid Sick Leave (EPSL) under ARPA Request Form

To request paid sick leave for absences related to the coronavirus, please complete the following request form and submit to your manager either prior to leave or as soon as possible after leave commences. Verbal notice will be accepted until a form can be completed. Documentation supporting the need for leave must be included with this request.

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

Department: \_\_\_\_\_ UIN: \_\_\_\_\_

Manager: \_\_\_\_\_

Requested leave start date: \_\_\_\_\_ End date: \_\_\_\_\_

Number of hours of paid sick leave requested: \_\_\_\_\_

Emergency Paid Sick Leave (EPSL) provides *up to 80 hours* of emergency paid sick leave for employees (*applicable to ALL employee types: faculty, staff, students*) who are unable to work (including those who are unable to work remotely) **AND** who meet one of nine qualifying reasons related to COVID-19 (listed below). The American Rescue Plan Act (ARPA) paid leave provisions are **effective on April 1, 2021** and apply to leave taken between April 1, 2021 and September 30, 2021. These paid leave provisions are not retroactive beyond April 1, 2021.

I wish to take intermittent leave during the following days and hours (optional):

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

I am requesting this paid sick leave due to my inability to work (or work remotely) because (check the appropriate reason 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 obtaining a COVID-19 vaccination.
- 5. I am recovering from an illness related to receiving a COVID-19 vaccination.
- 6. I am seeking or waiting for test results or a medical diagnosis for COVID-19, including results or diagnosis requested by the employer.
- 7. I am experiencing another substantially similar condition specified by the secretary of health and human services.
- 8. I am caring for an individual who is subject to either number 1 or 2 above.
- 9. I am caring for my child whose primary or secondary school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions; and,
  - No other suitable person is available to care for my child during the requested period of leave.
  - Special circumstances exist requiring the need for leave to care for my child ages 15-17.

I have attached appropriate documentation supporting my need for leave.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Dep Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee Statement Supporting Leave

I, \_\_\_\_\_, provide the following information in support of my request for coronavirus-related paid sick leave (complete all that apply):

### Leave due to a government-issued quarantine or isolation order.

Name of the issuing government agency for the quarantine or isolation order:

\_\_\_\_\_

Effective dates of the order: \_\_\_\_\_

### Leave due to a health care provider's advice to self-quarantine.

Name of the health care provider advising me or the individual I am caring for to self-quarantine:

\_\_\_\_\_

Written documentation is available and attached:  Yes  No

Name and relation of the individual who I am needed to care for:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

### Leave due to a school or place of child care closed due to COVID-19.

Name of school or place of care:

\_\_\_\_\_

Name of child care provider unavailable due to concerns related to COVID-19:

\_\_\_\_\_

Name and age of child or children I am needed to care for:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

No other suitable person is available to care for my child for the requested leave period due to:

\_\_\_\_\_

\_\_\_\_\_

The special circumstances requiring my need for leave to care for a child age 15-17 are:

\_\_\_\_\_

\_\_\_\_\_

### Leave due to obtaining a COVID-19 vaccination.

Date(s) COVID-19 vaccination received: \_\_\_\_\_

Written documentation is available and attached:  Yes  No

### Leave due to recovering from an illness related to receiving a COVID-19 vaccination.

Date(s) COVID-19 vaccination received: \_\_\_\_\_

Date(s) of COVID-19 vaccination-related illness: \_\_\_\_\_

**Leave due to seeking or waiting for test results or a medical diagnosis for COVID-19, including results or diagnosis requested by the employer.**

Name of the health care provider providing the test results or diagnosis:

\_\_\_\_\_

Written documentation is available and attached: Yes No

**Leave due to a substantially similar condition specified by the secretary of health and human services.**

Provide details regarding the need for this leave:

\_\_\_\_\_  
\_\_\_\_\_

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Emergency Paid Sick Leave (EPSL) under American Rescue Plan Act (ARPA)**

## **Frequently Asked Questions:**

### **What documentation do I need to submit for qualifying reasons 1, 4 or 5?**

Employees must submit all three (3) pages of the completed Emergency Paid Sick Leave Request Form. No other supporting documentation is required.

### **What constitutes acceptable written documentation for qualifying reasons 2, 3, 6, 7, 8 or 9?**

In addition to submitting all three (3) pages of the completed Emergency Paid Sick Leave Request Form, the employee is required to provide one of the following forms of written documentation, or similar, to accompany the request:

- Note/letter from medical provider
- Email from entity requiring quarantine or isolation
- Notification of close contact or test result
- Note/letter/email from the school, place of care, or childcare provider that closed or became unavailable.

### **Will I be required to submit a copy of my COVID-19 vaccination card to qualify for EPSL?**

No, vaccination cards should not be submitted for the purpose of EPSL. Employees may use EPSL to get the COVID-19 vaccine once they submit all three (3) pages of the completed Emergency Paid Sick Leave Request Form.

### **If I meet more than one qualifying reason, do I need to fill out multiple forms?**

No, multiple reasons can be marked on one form as long as all required documentation is provided.

### **Do I need to have all required documentation submitted before using EPSL?**

If required documentation is not available and all three (3) pages of the completed Emergency Paid Sick Leave Request Form has not been submitted to HR then another form of leave will need to be used. Once the form and required documentation is received the employee can correct the previous leave type to EPSL. This will restore any leave taken for a qualifying reason.

### **What if I previously took time off for a qualifying reason, but was unaware of the new EPSL afforded by the ARPA?**

The employee can submit all three (3) pages of the completed Emergency Paid Sick Leave Request Form and submit it with appropriate documentation, if required, to HR. Once the form and documentation are received the employee can correct the previous leave type to EPSL for any qualifying leave used from April 1, 2021 to September 30, 2021.