



Employee Statement for Emergency Paid Sick Leave (EPSL) and/or Emergency Family and Medical Leave (EFMLA) Request

NOTE TO EMPLOYER: This form can be used to document information needed from an employee requesting emergency paid sick leave under FFCRA to substantiate eligibility for tax credits, per the IRS. The first page of this form is applicable for qualifying reasons related to quarantine orders, or advice to self-quarantine from a health care provider. The second page of this sample form is applicable for qualifying reasons related to the employee caring for a child whose school or childcare provider is closed or unavailable due to a public health emergency.

To be considered eligible for emergency paid sick leave (EPSL) and/or emergency family medical leave (EFMLA) for the **qualifying reason of a quarantine order or self-quarantine advice from a health care provider**, an employee must provide the following information:

Name, phone number, and address of the health care professional advising self-quarantine OR name of the governmental entity ordering quarantine

Name of clinic/hospital/telemed service

Date of service

Full name of individual subject to a quarantine order or advised to self-quarantine by a health care provider (**if other than employee**)

Relationship to employee

Employee Attestation:

I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment.

Employee Name

Date



To be considered eligible for emergency paid sick leave (EPSL) and/or emergency family and medical leave (EFMLA) for the **qualifying reason of a child’s school or childcare provider closure or unavailability due to a public health emergency**, an employee must provide the following information:

Name, address, phone number of school or place of care that is unavailable

<input type="text"/>	<input type="text"/>
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Full name and age of child to be cared for

Full name and age of child to be cared for

<input type="text"/>	<input type="text"/>
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Full name and age of child to be cared for

Full name and age of child to be cared for

For any child older than 14, provide a statement detailing the special circumstances that exist requiring you to provide care during daylight hours.

Employee Attestation:

I certify that no other person will be providing care for the child(ren) named above during the period for which I am receiving emergency paid sick leave.

I understand that providing false or misleading information regarding the need for EPSL, EFMLA, or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment.

Employee Name

Date