



City of Anaheim – Human Resources Department

EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE (EPSL)

Complete the following information to request Emergency Paid Sick Leave (EPSL) under the City’s Temporary Paid Leave Program in Response to COVID-19 (“Program”).

Employee Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Benefit:** Up to 80 hours paid leave for full-time employees (lower limit for part-time employees). The employee will receive the lesser of 100% of pay or a daily maximum of \$511 for reasons 1, 2, and 3 below, or the lesser of 2/3 of pay or \$200 for circumstances 4, 5 and 6 below. See the Program policy document for additional limitations and details.

**Qualifying Circumstances:** You may request EPSL to the extent you meet any of the specific circumstances indicated below. If you are requesting EPSL, please check all that apply. The total maximum benefit under EPSL is 80 hours.

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 an order as described in (1) or has been advised as described in (2), above.
5. I am caring for my son or daughter due to my son’s/daughter’s school or place of care of the son or daughter is closed, or the child care provider being unavailable, due to COVID-19 precautions. (See policy for extended definition of son or daughter) **Employees wishing to apply for paid leave under the PHEL in addition to EPSL due to their child’s school closure should not complete this form, but should complete the Public Health Emergency Medical Leave (PHEL) form.**
6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Leave time taken pursuant to EPSL will not be considered in assessing compliance with the City’s Administrative Regulation regarding attendance (AR 286).

**Procedure:** Please provide the following information (where applicable):

Requested Dates for EPSL Leave: Start: \_\_\_\_\_ Through: \_\_\_\_\_

Name of government agency issuing the quarantine or isolation order (only for circumstances #1 and #4):

\_\_\_\_\_

Name of health care provider who advised self-quarantine (only for circumstance #2)

\_\_\_\_\_

For EPSL under circumstance #5:

Child(ren) being cared for: \_\_\_\_\_

Name of closed school/childcare provider: \_\_\_\_\_

**Requested Documentation:** Documentation may include, but is not limited to, letters, emails, website postings, or other forms of communication, or photographs of such documentation, confirming the need for quarantine or self-isolation, care for self or others, school or childcare closure, or other circumstance as described above. **Please do not provide documentation of an actual medical condition, diagnosis, prognosis, or treatment plan.** It is sufficient for the documentation to simply identify the applicable circumstance(s) and to confirm that it is related to COVID-19.

If you are unable to obtain documentation, please provide a brief explanation below as to why you are unable to provide the information. The inability to provide documentation will not disqualify you from being eligible for EPSL.

***Employee Confirmation and Signature***

*I am requesting leave under EPSL and verify that I am unable to work or telework due to a COVID-19 qualifying circumstance as described in #1 through #6 above. If I am requesting EPSL for circumstance #5, I attest that no other suitable person is available to care for my child during the period of requested leave. I further understand that any intentional false or misleading statement relating to this request may subject me to disciplinary action AND that my submission of this form by email shall serve with the full force and effect as my signature.*

***Voluntary waiver of EPSL (employee election to use other paid leave):***

*In-lieu of using EPSL paid time, I elect to use my sick, vacation or other accrued leave balance for the 80 hours protected leave under this program.*

\_\_\_\_\_  
Electronic Signature

\_\_\_\_\_  
Date

**Submission:** Email this completed form to Human Resources (you MUST copy your supervisor on your email) at **HREmployeeRelations@anaheim.net**.

***Human Resources Review and Approval:***

By: \_\_\_\_\_ Date: \_\_\_\_\_