

City of Waupaca
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
Request for Emergency Paid Sick Leave (EPSL) Form
Effective April 1, 2020

SECTION A: EMPLOYEE INFORMATION (this form is for non-emergency responders). Emergency Responders requesting paid sick leave should fill out the Request for Emergency Paid Sick Leave for Emergency Responders form.

Employee Name:	
Date of Request:	
Anticipated Start of Leave Date:	
Anticipated End of Leave Date:	

SECTION B: QUALIFICATIONS (to be eligible for Emergency Paid Sick Leave, you must be able to check one of the below):

- #1 The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19;
- #2 The employee has been advised by a health care provider to self-quarantine because of COVID-19;
- #3 The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
- #4 The employee is caring for an individual subject or advised to quarantine or isolation;
- #5 The employee is caring for a son or daughter whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions; or
- #6 The employee is experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

** Please note you may be eligible for state or federal Family Medical Leave (FMLA).
Contact the City Administrator or Finance Director for additional information and eligibility requirements.*

SECTION C: PAY AND BENEFITS

Leave for reasons (1), (2), (3), (4), (5) and (6) are paid at 100% of the employee's regular rate of pay.

I understand given the reason for my request for Emergency Paid Sick Leave that I am eligible for 100% of my pay while out for reasons outlined in (1), (2), (3), (4), (5) and (6). I understand that this pay is limited to 80 hours. I also understand that it is capped at \$511 per day or a maximum aggregate

payment of \$5,110 for full time employees and capped at \$200 per day or a maximum aggregate payment of \$2,000 for part time employees.

SECTION D: CONSECUTIVE AND INTERMITTENT LEAVE

I will be taking this time off consecutively (every day).

I will be taking this time intermittently meaning, there will be some days I will be able to be at work and some days I will not.

** Intermittent schedules must be discussed and approved by your supervisor ahead of time.*

Signature:

Date:

Please submit this completed form to Human Resources and include documentation if you have that available. Documentation that needs to be provided includes school or place of care closure notice, quarantine or isolation orders or doctor's recommendations.