

City of Waupaca

Request for Local Emergency Paid Sick Leave (LEPSL) Form

SECTION A: EMPLOYEE INFORMATION

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 unable to work or telecommute because of reasons (1), (2), (3) or (4) listed below:

- #1 The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19 due to a contact in the workplace;
- #2 The employee has been advised by a health care provider to self-quarantine because of COVID-19 due to a contact within the workplace;
- #3 The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis due to a contact within the workplace;
- #4 The employee is experiencing symptoms from receiving the vaccine and is unable to work
****Contact the City Administrator for additional information and eligibility requirements.*

SECTION C: PAY AND BENEFITS

Leave for reasons (1), (2), (3) and (4) 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) and (4). 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.

Signature:

Date:

Please submit this completed form Human Resources, Jeri Allen and include documentation if you have that available. Documentation to be provided may include quarantine or isolation orders or doctor's recommendations along with documentation of receiving the vaccine if that opportunity has been presented to you.