



City of Little Rock

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT:
EMERGENCY PAID SICK LEAVE (EPSLA) REQUEST**

EFFECTIVE: APRIL 1, 2020

Employee Name: _____ **Employee Number:** _____

- Status: Full-time: Up to 80 hours total of emergency paid sick leave
 Part-time: Department to determine maximum number of hours employee can receive per pay period. Enter it here: _____

Check one:

_____ I am requesting Emergency Paid Sick Leave for one of the following reasons. I understand that I will receive this leave at my regular rate with a cap of \$511/day with a maximum of \$5,110. ***Timekeepers use Pay code CV1 – titled COVID Leave 100%.***

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 related to COVID-19
3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis

_____ I am requesting Emergency Paid Sick Leave for one of the following reasons. I understand that I will receive this leave at 2/3 my regular rate with a cap of \$200/day with a maximum of \$2,000. I am not identified as an Emergency Responder according to City Policy. ***Timekeepers use Pay code CV2 – titled COVID Leave 2/3***

4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
5. I am caring for my son/daughter whose school or place of care is closed due to COVID-19 related reasons
6. I am experiencing any other substantially-similar condition specified by the US Department of Health and Human Services

I request Emergency Paid Sick Leave for the following date (s):

Start Date/Time: _____

End Date/Time: _____

Total Number of Hours: _____

_____ So that I can ensure I receive a full paycheck: For reason number 4, I wish to charge the remaining 1/3 to my sick/STD with that policy limitation; for stated reason number 5, I wish to charge the remaining 1/3 of the absence to my vacation/PTO and understand that I may be entitled to more leave through the Emergency Family Medical Leave Act. For reason 6, I wish to charge the remaining 1/3 to my sick/STD.

Signature

Date