REGIS HRG
EMPLOYER HR SOLUTIONS

EMERGENCY PAID SICK LEAVE REQUEST

If requesting Emergency Paid Sick Leave (EPSL) pursuant to the Families First Coronavirus Response Act (FFCRA), you must complete this form. You must provide notice as soon as is reasonably practicable. Upon completion of this form, submit it to Human Resources for processing.

<table>
<tr><td colspan="2">Site Employer Name:</td></tr>
<tr><td colspan="2">Employee Name:</td></tr>
<tr><td colspan="2">Department:</td></tr>
<tr><td colspan="2">Manager:</td></tr>
<tr><td colspan="2">E-mail:</td></tr>
<tr><td colspan="2">Employee Home Address:</td></tr>
<tr><td colspan="2">Home Phone Number:</td></tr>
<tr><td colspan="2">Cell Phone Number:</td></tr>
<tr><td>This is a (choose one):
_____New request for leave
_____Request for an extension of leave</td><td>Anticipated Begin Date of Leave:_____

Expected Return to Work Date:_____</td></tr>
<tr><td colspan="2">I will need (choose one): _____Continuous leave _____Intermittent leave</td></tr>
<tr><td colspan="2">If your need for leave is intermittent, please describe the nature of your intermittent leave:</td></tr>
</table>

Reason for Leave (check all applicable)

I am unable to work (or telework) for the following reasons:

1.____ I am subject to state, federal or local quarantine or isolation order related to COVID-19.

- Government entity that issued order:_____

2.____I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

- Name of health care provider who advised self-quarantine:_____

3.____I have symptoms related to COVID-19 and I am seeking a diagnosis.

4.____ I am caring for an individual who is subject to quarantine or has been advised to quarantine related to COVID-19.

- Name of individual caring for:_____
- Relationship to employee:_____

- Government entity that issued order:_____

- Name of health care provider who advised self-quarantine:_____

5._____I need to care for my child under age 18 because the child's school, child care or child care provider is closed or unavailable because of COVID-19 and no other suitable person is available to care for the child during the period of leave requested.

- Name and age of child(ren):

  _____

  _____

- Name and address of school, place of care, or provider: _____
- If child(ren) is over age 14, you must include a statement indicating the special circumstances that require you to provide care during daylight hours:_____

6. ____I am experiencing other conditions substantially similar to COVID-19 as specified by HHS.

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I certify that the above information is accurate and complete. I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event may be grounds for corrective action. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my Site Employer may take corrective action.

Employee Signature: _____

Date: _____