



Families First Coronavirus Response Act Emergency Paid Sick Leave (EPSL)

For employees in the Archdiocese of Baltimore

EMPLOYEE INFORMATION

Name: _____ Location: _____

REASON FOR EMERGENCY COVID-19 SICK LEAVE REQUEST & ABSENCE DATES

All Employees will receive up to 80 hours of Emergency Paid Sick Leave to be used for one of the six reasons defined below to address the Public Health Emergency from April 1, 2020 to December 31, 2020. Part-time employees will receive a pro-rated amount based on average hours worked.

I am requesting Emergency Paid Sick Leave for the following reason(s):

Leave for reasons 1, 2, or 3 below will be paid at 100% of your base wage subject to a cap of \$511 per day and \$5,110 total aggregate

- 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.

Leave for reasons 4, 5, or 6 below will be paid at 2/3 of your base wage subject to a cap of \$200 per day and \$2,000 total aggregate

- 4 - I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- 5 - I am caring for my child (under 18 years of age or an adult with a mental or physical disability who is incapable of self-care because of that disability) whose school or place of care has been closed, or the child's child-care provider is unavailable, due to COVID-19 precautions.
- 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.

Absence Dates: From: _____ **To:** _____

PAY STATUS DURING THE LEAVE:

If you are requesting leave for reasons 4, 5, or 6 above, you may voluntarily choose to supplement your emergency paid sick leave pay by using any combination of unused accrued vacation, sick, or personal leave. If you choose to use your own leave for this purpose, please identify the number of hours you wish to use AND the priority in which you wish to use your hours. For example, for two weeks off you can enter 40 hours Vacation and 40 hours of Sick time. Put a #1 priority for Vacation and #2 priority for Sick time. By "prioritizing" you will exhaust all time in the order preferred, if applicable. Please feel free to call your Business Manager for assistance.

I request:

- To Supplement Emergency Sick Leave (up to 80 hours)** **NOT to Supplement Emergency Paid Sick Leave**

Description	Hours	Priority	Description	Hours	Priority
Sick Leave			Vacation Leave		
Personal Leave					

ACKNOWLEDGEMENT

I CERTIFY THAT MY ABSENCE REQUEST IS FOR THE COVID-19 RELATED REASON STATED ON THIS FAMILIES FIRST CORONAVIRUS RESPONSE ACT EMERGENCY PAID SICK LEAVE FORM.

I ALSO UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ABOUT MY ABSENCE WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

Signature: _____ Date: _____