



EMERGENCY PAID SICK LEAVE (EPSL) REQUEST TO CARE FOR MYSELF

In Accordance with the Families First Coronavirus Response Act (U. S. House Bill 6201), #1, 2, 3

Employee Name _____ Department _____

I am unable to work or telework (defined as Work From Home in A.D. 4.93) because:

- #1 - I am subject to a federal, state or local quarantine.
- #2 - I am advised by a health care provider to self-quarantine related to COVID-19.
- #3 - I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

I have attached proof of #1, #2, or #3 above, required in the event the City of Portsmouth becomes eligible for government reimbursement.

I have worked for the City of Portsmouth for at least 30 days and request a leave of absence continuously for _____ weeks, starting on _____ and ending on or about _____. I will provide a written update should my condition change. I understand that the maximum amount of time for Family & Medical Leave is 12 weeks in a single 12-month period for combined reasons.

If I have not yet used any portion of my two weeks' Emergency Paid Sick Leave, I understand the City of Portsmouth waives the 10-day waiting period allowed by federal law and will pay the Emergency Paid Sick Leave or any remaining portion during the initial two weeks of this absence at 100% (80-hour maximum). After that, any absence for this purpose will be paid at two-thirds my regular rate of pay (up to the maximum allowed of \$511/day to an aggregate total of \$5,110).

I have notified the following appropriate member/s of my department's management team of my need for leave:

Please list Names: _____

My out-of-work contact information is: Email _____ Telephone _____

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that if this information is not received by Human Resources within the allowed timeframe according to the federal FMLA guidelines, my leave will be considered unauthorized. I understand I will need to notify my department and/or Human Resources immediately if any of the information above should change.

Employee Signature

Date

Please save this form to your device, then attach with the proof requested, to your email addressed to kaharper@cityofportsmouth.com