



EMERGENCY PAID SICK LEAVE (EPSL) REQUEST TO CARE FOR SOMEONE ELSE

In Accordance with the Families First Coronavirus Response Act (U. S. House Bill 6201), #4

Employee Name _____ Department _____

I am unable to work or telework (defined as Work From Home in A.D. 4.93) due to a need to care for an individual/s who is:

Subject to a federal, state or local government self-quarantine; or

Advised by a health care provider to self-quarantine related to COVID-19.

Name of Individual/s _____

Relationship/s _____

I have attached proof that the above-name individual/s need my care, required in the even the City of Portsmouth becomes eligible for government reimbursement.

I have worked for the City of Portsmouth for at least 30 days and request Emergency Paid Sick Leave for up to two weeks (to the 80-hour maximum, starting on _____ and ending _____). I will request written authorization should it change. If this person is my sick spouse, child, or parent, I understand that the maximum amount of time for Family & Medical Leave is 12 weeks in a single 12-month period for combined reasons.

I understand I am eligible for any unused portion of my maximum two weeks' Emergency Paid Sick Leave, payable at two-thirds my regular rate of pay (up to the maximum allowed of \$200/day to an aggregate total of \$2,000).

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