

Request for Emergency Paid Sick Leave (EPSL)



Human Resources
MICHIGAN STATE UNIVERSITY

Request Date:

To request emergency paid sick leave as provided under MSU's Emergency Paid Sick Leave (EPSL) Policy, please complete the following request form and submit to your supervisor **within 3 days** of the request date above. Verbal notice will be accepted until a form can be provided. Employees may be subject to disciplinary action, up to and including termination, in connection with abuse of the policy. Quotas available under this policy will expire December 31, 2020. *Completed forms and documentation must be entered and approved in EBS, then forwarded to HR.EPSL-EFMLA@hr.msu.edu or fax 517-432-4102. Please refer to hr.msu.edu/time-off-leave/ffcra.html for further details and instructions.*

Employee Name:

APID/ZPID/NetID

Supervisor Name:

Department:

Requested Leave Start Date:

Estimated End Date:

The amount of emergency paid sick leave being requested in hours (full days only):

**Up to 80 hours. Employees who work less than 40 hours are eligible for the average number of hours that the employee works over a typical two-week period. This is calculated by measuring hours worked over the past 6 months*

Employee Pay Type:

Hourly, including CT (ALSO enter EPSL reasons 1 through 6 into EBS)

Salaried (ALSO enter EPSL reasons 1 through 3 into EBS, 4 through 6 will be entered by HR)

Graduate Assistant (HR will enter all EPSL reasons)

EPSL Reasons:

The reason for this emergency paid sick leave request is I cannot work/telework due to (choose the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19. This does not apply to employees deemed necessary at MSU. [time administrator enter into EBS for Hourly/CT and Salary employees.]
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Must attach written documentation to support or written documentation/email/text from employee that they need to self-quarantine due to concerns related to COVID-19 to this form. [time administrator enter into EBS for Hourly/CT and Salary employees.]
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. Must attach written documentation to support or written documentation/email/text from employee that they are seeking diagnosis. [time administrator enter into EBS for Hourly/CT and Salary employees.]
- 4) I am caring for an individual who is subject to either number 1 or 2 above. **(Eligible for two-third pay, max of \$200/ day)** Must attach written medical documentation to support or written documentation/email/text from employee. [time administrator enter into EBS for Hourly/CT employees.]

Name of individual:

Relationship:

- 5) I am the only person available to care for my child (age 14 or under) whose school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions. **(Eligible for two-third pay, max of \$200/day)** Please attach notice of closure or unavailability from your child's school, place of care, or childcare provider. This option may also qualify for eFMLA and MSU HR should be notified asap. [time administrator enter into EBS for Hourly/CT employees.]
- 6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services. **(Eligible for two-third pay, max of \$200/day)** Must attach written documentation to support or written documentation/email/text from employee. [time administrator enter into EBS for Hourly/CT employees.]

* Reasons 1 through 3 will enter absence "COVID Sick" in EBS and reasons 4 through 6 will enter absence "COVID Fam Care" and "COVID Fam Care Unpaid" as necessary in EBS. Please refer to guide at hr.msu.edu/time-off-leave/ffcra.html for help and detail with time entry.