



**San Diego Unified School District  
 Certification/Request for Emergency Paid Sick Leave Act (EPSLA)  
 Leave of Absence Form**

**EMPLOYEE INFORMATION**

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Employee ID #</b>
<b>Site/Department</b>	<b>Job Title</b>	<b>Substitute/Temporary</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employee's Phone #</b>

**REQUEST FOR EPSLA LEAVE**

<p><b>OWN CONDITION</b></p> <p><b>Full Time Employee:</b> Up to 10 workdays (80 hours) at full pay up to \$511 per day, or \$5,110 total  <b>Part Time Employee:</b> Prorated according to the amount of hours worked, which is generally the average number of hours worked during an average two (2) week period.</p> <p><input type="checkbox"/> I am subject to a Federal, State or local government quarantine or isolation order related to COVID-19.</p> <p><input type="checkbox"/> I have been advised by a health care provider to self-quarantine for reasons related to COVID-19.</p> <p><input type="checkbox"/> I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.</p>
<p><b>CARE FOR ANOTHER</b></p> <p><b>Full Time Employee:</b> Up to 10 workdays (80 hours) at <math>\frac{2}{3}</math> of the regular rate of pay up to \$200 per day or \$2,000 total (but not less than minimum wage)  <b>Part Time Employee:</b> Prorated according to the amount of hours worked, which is generally the average number of hours worked during an average two (2) week period.</p> <p><input type="checkbox"/> I am caring for an individual who is subject to quarantine (pursuant to Federal, State or local government order or advice of a healthcare provider) related to Covid-19.</p> <p><input type="checkbox"/> I am caring for a son or daughter whose elementary/secondary school or place of care is closed, or childcare provider is unavailable due to a declared COVID-19 public health emergency.</p> <p><input type="checkbox"/> I am experiencing any other substantially similar conditions as specified by Secretary of Health and Human Services, in consultation with the Secretaries of Treasury and Labor.</p>
<p>OPTIONAL: please indicate which supplemental leaves you intend to use (if any), in order to be paid at your full rate of pay (Select only one option):</p> <p><input type="checkbox"/> Sick Leave Only   <input type="checkbox"/> Vacation Leave Only</p> <p><input type="checkbox"/> Sick Leave followed by Vacation Leave, once Sick Leave balances are exhausted</p> <p><input type="checkbox"/> Vacation Leave followed by Sick Leave, once Vacation balances are exhausted</p>
<p>An EPSLA leave for any of the reasons listed above must be taken for a single continuous period of time, with the exception of leave taken to care for the employee's son or daughter whose elementary/secondary school or place of care has been closed, or the childcare provider of the son or daughter is unavailable due to COVID-19 precautions. A leave taken for this reason may be taken intermittently in any increment of time agreed upon by the Supervisor and the Employee.</p> <p><input type="checkbox"/> Single Continuous Period of Time      Start Date: _____      End Date: _____</p> <p><input type="checkbox"/> Intermittent Leave                              Start Date: _____      End Date: _____</p>

## REQUIRED DOCUMENTATION

You are required to submit supplemental documentation supporting your EPSLA leave request for the following reasons:

- **The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.**
  - Physician's Statement if absence is for more than five (5) days.
- **The employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.**
  - Physician's Statement if absence is for more than five (5) days.
- **The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.**
  - Physician's Statement if absence is for more than five (5) days.
- **The employee is caring for an individual who is subject to an order, or who has been advised by a healthcare provider to self-quarantine.**
  - Physician's Statement for the person being cared for if the absence is for more than five (5) days.
- **The employee is caring for his or her son or daughter whose school or place of care has been closed or whose school or place of care provider is unavailable due to COVID-19 related reasons.**
  - Appropriate documentation includes, but is not limited to:
    - A notice that has been posted on a government, school, or daycare website, or published in a newspaper.
    - An email from an employee or school official of the school, daycare, or childcare provider.
- **The employee is 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.**
  - Physician's Statement if absence is for more than five (5) days.

Is the required documentation included with this request?  Yes  No

If the answer is No, the required documentation must be remitted to your Supervisor within five (5) workdays.

NOTE: A Physician's Statement does not need to include the diagnosis. The Physician's Statement only needs to specify that an employee must take time off from work.

**EMPLOYEE CERTIFICATION**

**Employee Certification for EPSLA**

I certify that I am unable to work/telework for the following reason(s):

**OWN CONDITION**

- I am subject to a Federal, State or local government quarantine or isolation order related to COVID-19.**

Name of Government Agency Issuing Order: \_\_\_\_\_

- I have been advised by a health care provider to self-quarantine for reasons related to COVID-19.**

Name of Healthcare Provider: \_\_\_\_\_

- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.**

Name of Healthcare Provider: \_\_\_\_\_

**CARE FOR ANOTHER**

- I am caring for an individual who is subject to quarantine (pursuant to Federal, State or local government order or advice of a healthcare provider) related to Covid-19.**

Name of Individual's Healthcare Provider: \_\_\_\_\_

Employee Relationship to Individual Being Cared for: \_\_\_\_\_

- I am caring for a son or daughter whose elementary/secondary school or place of care is closed, or childcare provider is unavailable due to a declared COVID-19 public health emergency.**

- Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

- Name of School or Childcare Provider: \_\_\_\_\_

- I am experiencing any other substantially similar conditions as specified by Secretary of Health and Human Services, in consultation with the Secretaries of Treasury and Labor.**

- I am requesting EPSLA leave due to being unable to work/telework based on a reason listed above.

Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

- If EPSLA leave is due to caring for a son or daughter whose school or place of care is closed, or the childcare provider is unavailable, I certify that no other person will be providing care for the above named child during the period for which I am taking EPSLA.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Form is retained by the site/department. DO NOT SUBMIT TO HUMAN RESOURCES.**

**For Site/Department Use Only:**

- Request Approved

- Request Denied- employee has used this leave on the following dates: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_