

Request for Emergency Paid Sick Leave

Kentucky Wesleyan College

To request Emergency Paid Sick Leave (Emergency-PSL), read this form carefully and complete each item. Please print or type responses. Submit the completed form to Linda Keller in Human Resources.

I. Employee name: _____

II. Qualifying reason and required information

Select one or more of the following reasons why you (the employee) are unable to work or telework and include the required information to support the need for Emergency-PSL.

I have a qualifying reason for Emergency-PSL as I am unable to work or telework due to:

_____ 1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

A. Name of the governmental entity issuing the quarantine or isolation order:

B. Effective dates of the order: _____

_____ 2. I have been advised by a health care provider to self-quarantine because of COVID-19.

A. Name of the health care professional advising self-quarantine:

_____ 3. I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

A. Symptoms being experienced: _____

B. Name of the health care professional from who treatment is being sought:

_____ 4. I am caring for an individual subject or advised to quarantine or isolation.

A. Name of the person for whom you are caring: _____

B. Person's relationship to you: _____

C. Name of the governmental entity ordering quarantine or of the health care professional advising self-quarantine: _____

_____ 5. I am caring for a son or daughter under the age of 18 whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions.

A. Name and age of the child (or children) for whom you are caring:

B. Name of the school that has closed or place of care that is unavailable:

- C. During the period for which you are requesting Emergency-PSL, no other suitable person is available to care for the child(ren) above, and you will be providing care for the child(ren). By checking here _____, I verify that this is true.
- D. If the child is (or children are) older than fourteen, special circumstances exist which require you to provide care for the child (or children) older than fourteen during daylight hours. By checking here _____, I verify that this is true.
- E. Special circumstances: _____

_____ 6. I am experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

III. Dates requested for leave

If you are requesting Emergency-PSL for reason #5 above, you may use the leave intermittently. For all other reasons above, the leave must be continuous from the start date until the leave is exhausted or you no longer qualify for the leave.

Start date: _____ - End date: _____

_____ My qualifying reason is #5 and I request intermittent leave (subject to agreement).

IV. Use of PTO

Emergency-PSL provides up to 80 hours of paid sick leave for full-time employees and a prorated amount of paid sick leave for part-time employees. For reasons 1 - 3 above, Emergency-PSL is paid at the employee's regular pay rate, up to \$511 per day. For reasons 4 - 6 above, it is paid at two-thirds the employee's regular pay rate, up to \$200 per day. If your regular pay is over these maximums, you may supplement this leave with paid time off (PTO).

_____ Not applicable. I am part-time and not eligible for PTO.

_____ Yes, I want to supplement my Emergency-PSL with available PTO.

_____ No, I do not want to supplement my Emergency-PSL.

V. Employee signature

By completing this form and signing below, I am requesting Emergency-PSL and have accurately completed this form. I understand that providing false or misleading information regarding the need for Emergency-FMLA may be grounds for disciplinary action, up to and including termination of employment.

Employee signature: _____

Date: _____