



Roane County Government
Employee Benefits Jennifer Suter
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**Families First Coronavirus Response Act
(EPSLA) Emergency Paid Sick Leave Request Form**

Employee Name: _____

First Day of Leave: _____

Employee Contact: Cell _____

Employee Email: _____

Emergency Paid Sick Leave Act:

Provides employees with two weeks of paid sick time at the employee's regular rate of pay (capped at \$511/day or total of \$5,110) if the employee is unable to work because the employee:

Please circle the number that applies-

1. Has been ordered by the government to quarantine or isolate because of COVID-19.
2. Has been advised by a health care provider to self-quarantine because of COVID-19.
3. Has symptoms of COVID-19 and is seeking a medical diagnosis.

Provides employees with two-thirds regular rate of pay (capped at \$200/day) for two weeks if employee:

Please circle the number that applies -

4. Is caring for someone who is subject to a government quarantine or isolation order or has been advised by a health care provider to quarantine or self-isolate.
5. Is experiencing substantially similar conditions as specified by the secretary of health and human services, in consultation with the secretaries of labor and treasury

Is the employee full time?

Yes No

Is employee part time?

Yes No

If part time, what is the average number of hours the employee normally worked over a two-week period or if variable hours scheduled, average number of hours worked for the prior two weeks or 6 months? _____ avg. hours

Does the employee wish to use leave to fill in the other one-third of pay?

Yes No

If so, please specify leave to be used and order of usage:

- Yes first, second, third Sick leave
 Yes first, second, third Vacation
 Yes first, second, third Comp time

Employee Signature

Date

Department Head Signature

Date