

Employee Request for Leave Form
Emergency Paid Sick Leave (PSL) and Extended Family Medical Leave (EFMLA)
Effective April 1, 2020 through December 31, 2020

This form must be completed and returned to Human Resources at humanresources@arkansashospice.org before any request for leave under the Emergency PSL and EFMLA will be paid. Questions about this form should be directed to Dena Childs, Human Resources at 501-748-3319.

Employee Name: _____ Today's Date: _____

Reason for Leave Request: I am unable to work or telework because I:

- 1. Am personally subject to a federal, state, or local quarantine or isolation order related to COVID-19
- 2. Have been advised by a health care provider to self-quarantine related to COVID-19
- 3. Am experiencing COVID-19 symptoms and am seeking a medical diagnosis
- 4. Am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
- 5. Am caring for a child whose school or place of care is closed (or whose child care provider is unavailable) due to reasons related to COVID-19
- 6. Am experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services

Documentation Supporting Reason for Leave (submit your documentation with this form):

- Federal, state, or local order placing you or the individual for whom you are caring in quarantine or isolation related to COVID-19
- Documentation from affected person's health care provider advising self-quarantine or showing that affected person is seeking a medical diagnosis (including direction from AH Infection Control)
- Notice posted on the website of a government, school, or place of care announcing closure of child's school or place of care due to COVID-19
- E-mail or other written documentation from an employee or official of child's school or place of care announcing closure due to COVID-19
- E- mail or other written documentation from child's care provider stating unavailability to provide care due to COVID-19
- Other (specify): _____

Date Requested Leave is to Begin: _____ End: _____

Additional information regarding request:

I certify that the information I have provided is accurate. I understand that it is my responsibility to notify Human Resources immediately if there is any change to my leave request above.

Employee signature

Date