

Application for Emergency Paid Sick Leave (EPSL)

Section 1: Employee Information	1 (PLEASE PRINT OR TYPE)			
Employee Name:		TTU R#: Job Title: Work Phone:		
Department:				
Supervisor:	Work			
Where I can be reached during l	eave:			
Address:	Telephone:			
Street or P.O. Box	City	Zip		
Last Day Worked:	Period of Absence Requested:	: From:	Through:	
I will need (choose one):	Continuous Leave Intermitte	ent leave		
If your leave is intermittent, ple	ase specify the nature of your interm	ittent leave:		
Section 2: Circumstance Support	ing Request for Leave			
I am requesting EPSL for the foll	owing reason:			
(i.) Employee is subject to a f	ederal, state, or local quarantine or is	olation order re	lated to COVID-19;	
(ii.) Employee has been advis	ed by a healthcare provider to self-qu	arantine due to	COVID-19;	
(iii.) Employee is experiencing	g COVID-19 symptoms and seeking a r	medical diagnos	is;	
(iv.) Employee is caring for ar	n individual subject to an order descril	bed in (i) or self-	quarantine as described in (ii);	
(v.) Employee is caring for a c	child of any age whose school or place	of care is close	d (or childcare provider is	
unavailable) for reasons related	to COVID-19; or			
My child attends	school/daycare.			
(vi.) Experiencing any other s	ubstantially similar condition specifie	d by the Secreta	ry of Health and Human Services,	
in consultation with the Secreta	ries of Labor and Treasury.			
	best of my knowledge that all informand or supporting documentation may b	•	• •	
Signature of Applicant			Date	
POLITE EODM TO: Human Bassin	rco Sarvicas Mail Stan 1002 or Pay 41	002 1110000	TV 70400	

ROUTE FORM TO: Human Resource Services, Mail Stop 1093 or Box 41093, LUBBOCK, TX 79409

Email: hr.leaveadministration@ttu.edu Fax: 806-742-3666