

Application for Emergency Paid Sick Leave (EPSL)

Section 1: Employee Information (PLEASE PRINT OR TYPE)

Employee Name: _____ Employee R#: _____

Department: _____ Job Title: _____

Supervisor: _____ Work Phone: _____

Where I can be reached during leave:

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 Intermittent leave

If your leave is intermittent, please specify the nature of your intermittent leave:

Section 2: Circumstance Supporting Request for Leave

I am requesting EPSL for the following reason:

- (i.) Employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19;
- (ii.) Employee has been advised by a healthcare provider to self-quarantine due to COVID-19;
- (iii.) Employee is experiencing COVID-19 symptoms and seeking a medical diagnosis;
- (iv.) Employee is caring for an individual subject to an order described in (i) or self-quarantine as described in (ii);
- (v.) Employee is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19;

I acknowledge that no other person will be providing care for my child(ren) during the time in which I am requesting leave. Please list child(ren), age and school/daycare provider below (*note – for children over 14 years old you must provide a statement of special circumstances that supports the need for care*):

Name _____ age _____ school/daycare _____
 Name _____ age _____ school/daycare _____
 Name _____ age _____ school/daycare _____

- (vi.) Experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

By signing below, I certify to the best of my knowledge that all information provided on this application is true and accurate. *NOTE: Appropriate form or supporting documentation may be required in order to be considered for approval.*

Signature of Applicant

Date

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

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