

# Request for Emergency Paid Sick Leave (EPSL)



GRAND VALLEY  
STATE UNIVERSITY

Date:  Request Date:

To request emergency paid sick leave as provided under GVSU's Emergency Paid Sick Leave (EPSL) Policy, please complete the following request form and submit to your supervisor **within 3 days** of the request date above. Verbal notice will be accepted until a form can be provided. Employees may be subject to disciplinary action, up to and including termination, in connection with abuse of the policy. Quotas available under this policy will expire December 31, 2020. Completed forms and documentation must be sent to [hro@gvsu.edu](mailto:hro@gvsu.edu) or faxed to 616-331-9365. Please refer to our new [FFCRA Webpage](#) for further details and instructions.

Employee Name:

G#:

Supervisor Name:

Department:

Requested Leave Start Date:

Estimated End Date:

The amount of emergency paid sick leave being requested in hours: (full days/shifts only)

*\*Up to 80 hours (up to 50 hours for student employees). Employees who work less than 40 hours are eligible for the average number of hours that the employee works over a typical two-week period. This is calculated by measuring hours worked over the past 6 months*

## Employee Pay Type:

Hourly

Salaried

Student Employee

## EPSL Reasons:

The reason for this emergency paid sick leave request is I cannot work/telework due to (choose the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Must attach written documentation to support or written documentation/email/text from employee that they need to self-quarantine due to concerns related to COVID-19 to this form.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. Must attach written documentation to support or written documentation/email/text from employee that they are seeking diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above. Must attach written medical documentation to support or written documentation/email/text from employee.

Name of individual:

Relationship:

- 5) I am the only person available to care for my child (age 14 or under) whose school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions. Please attach notice of closure or unavailability from your child's school, place of care, or childcare provider. This option may also qualify for eFMLA and GVSU HR should be notified asap.
- 6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services. Must attach written documentation to support or written documentation/email/text from employee.

\* Please refer to guide at our [FFCRA Webpage](#).