



## Emergency Paid Sick Leave (EPSL) under ARPA Request Form

**Instructions:** Emergency Paid Sick Leave (EPSL) provides *up to 80 hours* of emergency paid sick leave for employees (*applicable to ALL employee types*: faculty, staff, students) who are unable to work (including those who are unable to work remotely) **AND** who meet one of nine qualifying reasons related to COVID-19 (listed below). The American Rescue Plan Act (ARPA) paid leave provisions are **effective on April 1, 2021** and apply to leave taken between April 1, 2021 and September 30, 2021. These paid leave provisions are not retroactive beyond April 1, 2021.

**NOTE:** Documentation supporting the need for leave **MUST BE INCLUDED** with this request, as described in the ARPA and EPSL Policy (see page 2 of this form).

Employee Name		
Department	College/Division	
Manager Name		
Requested Leave Start Date	Requested Leave End Date	Amount of emergency paid sick leave being requested in hours

[Optional: I wish to take intermittent leave for reason #5 below, during the following days and hours:]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check 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.\*\*
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. \*\*
- 4) I am caring for an individual who is subject to either number 1 or 2 above. \*\*
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions; and,
  - I attest that no other suitable person is available to care for my child during the requested period of leave. \*
  - I attest special circumstances exist requiring my need for leave to care for a child ages 15-17. \*
- 6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services. \*
- 7) I am getting a COVID-19 vaccine. \*
- 8) I am recovering from adverse reactions to the COVID-19 vaccine. \*
- 9) I am awaiting results of a COVID-19 diagnosis or test after having close contact with a person with COVID-19 or at the employer's request. \*\*

**+ Only requires signed Employee Statement Supporting EPSL (page 2); no supporting documentation required.**

**\*\* Requires additional documentation to accompany the signed Employee Statement Supporting EPSL (page 2)**

**I have attached appropriate documentation supporting my need for leave.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Liaison

\_\_\_\_\_  
Date

# Employee Statement Supporting EPSL under ARPA

I, (your name) \_\_\_\_\_, provide the following information in support of my request for emergency paid sick leave (complete all that apply):

**1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.**

Name of the issuing government agency for the quarantine or isolation order:	Effective dates of the order
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**2. I have been advised by a health care provider to self-quarantine due to COVID-19 related concerns.**

Name of the health care provider advising me to self-quarantine:	Written documentation is available and attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.**

Name of the health care provider I am seeking medical treatment from:	Written documentation is available and attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Select one:

I am experiencing symptoms of COVID-19 and have an appointment scheduled on \_\_\_\_\_.

I am experiencing symptoms of COVID-19 and am waiting on results to disclose the medical diagnosis.

**4. I am caring for an individual who is subject to either number 1 or 2 above.**

Name of the health care provider advising the individual I am caring for to self-quarantine:	Written documentation is available and attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of the individual who I am needed to care for:	Relation to you:
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**5. I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions.**

Name of school / place of care OR Name of child caregiver unavailable due to concerns related to COVID-19:
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Name and age of child or children I am needed to care for:
Name: _____ Age: ____ Name: _____ Age: ____
Name: _____ Age: ____ Name: _____ Age: ____

No other suitable person is available to care for my child for the requested leave period due to:
The special circumstances requiring my need for leave to care for a child ages 15-17 are:

**6. I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.**

Provide details regarding the need for this leave:
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**7. I am getting a COVID-19 vaccine. (Employees will receive 2 hours of EPSL to get the COVID-19 vaccine.)**

Name of location where vaccine will be administered:	Date vaccine will be / was received:
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**8. I am recovering from adverse reactions to the COVID-19 vaccine.**

Name of location where vaccine was administered:	Date vaccine was received:
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**9. I am awaiting results of a COVID-19 diagnosis or test after having close contact with a person with COVID-19 or at the employer's request.**

Name of the health care provider or employer advising me to self-quarantine:	Written documentation is available and attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action, up to and including termination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

<p><b>DISTRIBUTION:</b></p> <ul style="list-style-type: none"> <li>• Original to Employee Medical File</li> <li>• Copy to Employee</li> </ul>	<p><b>NEED HELP?</b></p> <p>TAMU Employees: HROE Benefit Services <a href="mailto:benefits@tamu.edu">benefits@tamu.edu</a></p> <p>HSC Employees: HSC HR Team at <a href="mailto:HSCHR@tamu.edu">HSCHR@tamu.edu</a></p>
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## **Emergency Paid Sick Leave (EPSL) under American Rescue Plan Act (ARPA) Frequently Asked Questions:**

### **What documentation do I need to submit for qualifying reasons 1, 5, 6, 7, or 8?**

Employees must submit the Emergency Paid Sick Leave (EPSL) under ARPA Request Form and the Employee Statement Supporting EPSL. No other supporting documentation is required.

### **What constitutes acceptable written documentation for qualifying reasons 2, 3, 4 or 9?**

In addition to the signed Employee Statement Supporting EPSL, the employee is required to provide one of the following forms of written documentation to accompany your request:

- Note/letter from medical provider
- Email from entity requiring quarantine or isolation
- Notification of close contact or test result

### **Will I be required to submit a copy of my COVID-19 vaccination card to qualify for EPSL?**

No. Employees will automatically receive two hours of EPSL to get the COVID-19 vaccine once they complete the request form and statement supporting EPSL. For the purposes of EPSL, vaccination cards should not be submitted as proof of vaccination (and should not be stored in the employee's sick leave file).

### **If meet more than one qualifying reason, do I need to fill out multiple forms?**

No, multiple reasons can be marked on one form as long as all required documentation is provided.

### **Do I need to have all required documentation submitted before using EPSL?**

If required documentation is not available and this form has not been submitted and approved by your HR Liaison, then another form of leave will need to be used. Once required documentation is received, your HR Liaison can correct the previous leave type to EPSL. This will restore any leave taken for a qualifying reason.

### **What if I previously took time off for a qualifying reason, but was unaware of the new EPSL afforded by the ARPA?**

You can complete this form and submit it with required documentation to your HR Liaison. Once the form and documentation are approved, your HR Liaison can correct the previous leave type to EPSL for any qualifying leave used from April 1, 2021 to September 30, 2021.

**Additional FAQs are available online at [employees.tamu.edu/covid-19](https://employees.tamu.edu/covid-19)**