

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
EMERGENCY PAID SICK LEAVE ACT (EPSLA)**

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and GPA/GWA's Emergency Paid Sick Leave Policy. Please complete the following and submit to your Manager or the Human Resources Division either prior to leave or as soon as possible after leave commences. Verbal notice will be accepted until a form can be provided. Documentation supporting the need for leave must be included with this request.

For positions that are deemed critical to the operations of the Authority, the General Manager has the discretion to approve or disapprove leave.

TO BE COMPLETED BY EMPLOYEE

Employee's Name:		Employee Number:
Department:	Division:	Position Title:
Requested Leave Start Date:	Leave End Date:	Requested Hours:

I am requesting this emergency paid sick leave due to my inability to work (or telework) because:

- 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 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 an order described in (1) above or self-quarantine as described in (2) above.
- 5. I am caring for my child(ren) whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19.
 - I attest that no other suitable person is available to care for my child(ren) during the requested period of leave.
 - I attest special circumstances exist requiring my need for leave to care for a child(ren) ages 14-17.
- 6. I am experiencing other substantially-similar condition specified by the U.S. Department of Health and Human Services.

I wish to take intermittent leave for Reason #5 above, during the following days and hours:

<input type="checkbox"/> Monday _____ hours	<input type="checkbox"/> Friday _____ hours
<input type="checkbox"/> Tuesday _____ hours	<input type="checkbox"/> Saturday _____ hours
<input type="checkbox"/> Wednesday _____ hours	<input type="checkbox"/> Sunday _____ hours
<input type="checkbox"/> Thursday _____ hours	

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

Employee's Signature and Date: _____

SUPERVISORY APPROVAL

<input type="checkbox"/> APPROVED	_____ IMMEDIATE SUPERVISOR SIGNATURE / DATE
<input type="checkbox"/> DISAPPROVED	
<input type="checkbox"/> APPROVED	_____ PROGRAM MANAGER/ADMINISTRATOR SIGNATURE / DATE
<input type="checkbox"/> DISAPPROVED	

HUMAN RESOURCES DIVISION

_____ ZINA PANGELINAN-CHARFAUROS, Personnel Services Administrator / DATE

EXECUTIVE APPROVAL

<input type="checkbox"/> APPROVED	_____
<input type="checkbox"/> DISAPPROVED	_____
	ASSISTANT GENERAL MANAGER OR CFO (Print Name & Signature) / DATE
<input type="checkbox"/> APPROVED	_____
<input type="checkbox"/> DISAPPROVED	_____
	MIGUEL C. BORDALLO, P.E., GENERAL MANAGER / DATE

**EMPLOYEE'S SUPPORTING STATEMENT FOR
PAID SICK LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS ACT**

I, _____, provide the following information in support of my
(Print Name)

Request for Emergency Paid Sick Leave:

Leave due to a government-issued quarantine or isolation order

Name of issuing government agency for the quarantine or isolation order:

Effective dates of the order: _____

Leave due to a health care provider's advice to self-quarantine

Name of health care provider advising me or the individual I am caring for to self-quarantine:

Written documentation is available and attached: Yes No

Leave to care for individual due to government-issued quarantine or isolation order or health care provider's advice to self-quarantine:

Name: _____

Relation: _____

Leave due to a school or place of child care closed due to COVID-19

Name of Child	Age	Name of school or place of child care
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of child caregiver unavailable due to reasons related COVID-19:

No other suitable person is available to care for my child for the requested period due to:

The special circumstances requiring my need for leave to care for a child(ren) ages 14 – 17 are:

Leave due to a substantially-similar condition specified by the U.S. Department of Health and Human Services

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

EMPLOYEE SIGNATURE

DATE