

Bella Vista Water District

Request for:

Emergency Paid Sick Leave (EPSLA) 80 hours

And/Or

Emergency Family and Medical Leave Expansion (EFMLEA) – 10 weeks (400 hours)

To request leave as provided under the Families First Coronavirus Response Act, please complete the following request form and submit to your Department Manager and copy to Office Manager prior to leave.

Documentation supporting the need for leave must be included with this request. Documentation of leave may include a notice of closure or unavailability from a child's school or child care provider, such as a notice posted on a government, school or day care website. Or it may include a notice published in a newspaper or e-mailed to the employee from a school official or child care provider.

Employee Name (print clearly): _____

Department: _____

Requested Leave Start Date: _____ End Date: _____
(No later than 12/31/2020)

The amount of emergency paid sick leave begin requested is _____ hours.

_____ I wish to take intermittent leave for reason #5 below, during the following days and hours.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Or attached modified work schedule.

I am requesting this 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.
- _____ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare 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 age 15-17.

_____ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Employee Statement Supporting Leave

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

Leave due to a government-issued quarantine or isolation order

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

Effective dates of the order: _____

Leave due to a health care providers' advice to self-quarantine

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

Written documentation is available and attached: Yes No

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

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

Name of school or place of care:

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

Name and age of child or children I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Leave due to a substantially similar condition specified by the secretary 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. I have attached documentation supporting my need for leave.

Employee Signature: _____ Date: _____

Department Manager's Signature: _____ Date: _____

APPROVED BY:

Office Manager's Signature: _____ Date: _____

EFMLEA / EPSLA Rate of Pay: _____ x 2/3 (.66) = _____