

COVID-19 Emergency Paid Leave (EPL) Employee Notification and Leave Request Form

Identifying Information

Employee name

Phone number (work)

Email address (work)

Name of organization (agency, office, division, branch, etc.)

EPL Qualifying Circumstance Causing the Employee to be Unable to Work

Employee is unable to work because the employee is—

- ☐ (1) Subject to COVID-19 governmental quarantine or isolation order/advisory
- ☐ (2) Advised by health care provider to self-quarantine due to COVID-19 concerns
- ☐ (3) Caring for an individual subject to (1) such order/advisory or (2) such advice
- ☐ (4) Experiencing symptoms of COVID-19 and actively seeking (i.e., taking immediate steps to obtain) a medical diagnosis
- ☐ (5) Caring for a child when required because, due to COVID-19 precautions, the child's school or place of care has been closed, or the child is participating in virtual learning instruction, or the child's care provider is unavailable
- ☐ (6) Experiencing any other substantially similar condition (as approved by OPM)
- ☐ (7) Caring for a family member (i) who has a "mental or physical disability"* or who is 55 years of age or older and (ii) who is "incapable of self-care"*, without regard to whether another individual other than the employee is available to care for such family member, if the place of care for such family member is closed or the direct care provider is unavailable due to COVID-19 (* as those terms are defined in OPM guidance)
- ☐ (8) Obtaining immunization related to COVID-19 or recovering from any injury, disability, illness, or condition related to such immunization (after using any administrative leave provided by the employing agency)

Dates

Anticipated

Actual

Date use of EPL begins

Date use of EPL concludes

Employee Certifications (initial each box)

- ☐ I attest that I will be using EPL to be excused from duty only during hours when I am unable to work (including telework) because an EPL qualifying circumstance applies to me.
- ☐ I understand that any EPL provided to me will reduce my total creditable service used to calculate any Federal civilian retirement annuity benefit I may receive.
- ☐ I attest that I have signed the EPL Employee Agreement and understand that the granting of EPL is conditional upon the availability of monies in the EPL Fund and that I will be obligated to take action as described in the EPL Employee Agreement to resolve any overpayment debt if conditional EPL is cancelled due to Fund exhaustion.
- ☐ I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that a false or misleading certification may be grounds for disciplinary action, up to and including removal.

Employee's signature

Date

Additional Documentation Requirements

An employee must submit the following additional documentation in connection with each identified qualifying circumstance, as applicable:

Qualifying circumstance	Insert ✓ if completed	Nature of Documentation	Instructions
(1)		the governmental quarantine or isolation order applicable to the employee	Attach the order or provide web address here:
(2)		the name of the health care provider who advised the employee to self-quarantine due to COVID-19	Provide name here:
(3)		the governmental quarantine or isolation order applicable to the employee (if applicable)	Attach the order or provide web address here:
		the name of the health care provider who advised the individual to self-quarantine due to concerns related to COVID-19 (if applicable)	Provide name here:
(4)		<i>No generally required additional documentation.</i>	
(5)		the name of the son or daughter being cared for	Provide name here:
		the name of the school, place of care, or child care provider and a brief description of the situation (i.e., closure, use of on-line instruction, unavailability of the child care provider)	Provide information here:
		a written explanation regarding why the employee's circumstances (e.g., ages of children, number of children, special needs of children, lack of other adults in the home) make the employee unable to work during the requested hours of leave	Provide explanation here:
(6)		<i>any documentation the Director of OPM requires</i>	Follow agency instructions based on OPM guidance.
(7)		the name of the family member with a mental or physical disability (if applicable)	Provide name here:
		the name and age of the family member that is 55 years or older (if applicable)	Provide name and age here:
		the name of the place of care that is closed or the direct care provider that is unavailable due to COVID-19	Provide name here:
		a written explanation regarding why the employee's care responsibilities make the employee unable to work during the requested hours of leave	Provide explanation here:
(8)		<i>No generally required additional documentation.</i>	

NOTE: In addition to the above generally required documentation requirements, an agency is authorized to request supplemental information, explanations, or certifications from an employee if the agency has reason to believe that EPL is not being used appropriately. Once an employee has met the generally required documentation requirements described above, the agency may grant conditional approval of EPL. However, an agency may deny EPL based on an agency's determination that an employee's justification for the leave is not supported by the documents submitted or any other available facts. If the agency questions the validity or adequacy of the employee's justification, the employee must have an opportunity to provide documentation or further supplement his/her response to the agency before EPL is denied. An agency may conditionally approve use of EPL pending receipt of supplemental documentation and other information as required under the first sentence of this NOTE; however, it must ensure that the employee understands his/her obligations to resolve the overpayment of leave if the agency's final decision is to deny the leave.

Additional Information

For additional information on the rules governing EPL (including conditions and limitations), go to <https://www.chcoc.gov/content/covid-19-emergency-paid-leave>.

Note to agencies: Any agency form based on this template must include an appropriate Privacy Act Statement as required by 5 U.S.C. 552a(e)(3).