UNIVERSITY OF LOUISVILLE

# Emergency Paid Sick Leave Act & FML Expansion

*Request Form*

Employee Name: _____ Date: _____

Department: _____

**I am requesting emergency paid leave (up to 10 work days) at full pay due to:**

- ☐ a government issued quarantine or isolation order for myself (i.e. governor issued stay-at-home order)
- ☐ advised to self-quarantine by a healthcare provider for myself
- ☐ to obtain a medical diagnosis after experiencing symptoms of COVID-19 for myself

**I am requesting emergency paid leave (up to 10 work days) at 2/3 pay to:**

- ☐ care for an individual that is subject to a government quarantine or isolation order or has been advised by a health care provider to self-quarantine
- ☐ care for a for a child subject to a school or daycare closure

**I am requesting FMLA Expansion coverage (up to 12 weeks, paid at 2/3 pay after 10 days) to:**

- ☐ **care for a son or daughter under the age of 18** if their school or place of care has been closed or the child care provider is unavailable due to a COVID-19 related emergency.

**I choose to supplement my 2/3 pay for the above care for other reason with the following leave (not required):**

- ☐ vacation
- ☐ sick
- ☐ personal
- ☐ If more than one, please list your preferred order

**EMPLOYEE AUTHORIZATION**

I understand that I must provide medical documentation from a healthcare provider, if it is due to a medically ordered quarantine, isolation or medical directive to obtain a medical diagnosis for myself or to care for an individual that is subject to a quarantine or isolation order. Government issued quarantine or isolation orders (i.e. Governor stay-at-home mandate) do not require medical documentation. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements and all medical documentation will be destroyed after review. I understand the maximum amount of FMLA time I receive in one rolling calendar year is 12 weeks.

Employee Signature: _____ Date: _____

**SUPERVISOR ACKNOWLEDGEMENT**

I acknowledge that this employee has notified me that they are seeking approval of Emergency Paid Sick Leave Act & FML Expansion. I have reviewed any required medical documentation and approve the request. I will subsequently destroy any medical documentation provided to me.

Supervisor Name and Signature: _____ Date: _____

***Employees: forward completed form to your supervisor***
***Supervisors: review, approve and forward to the departmental timekeeper for processing***
***Timekeepers: please keep a copy of this request form for audit purposes***
***For additional information, please visit https://louisville.edu/coronavirus/faq#faq-employees***

Last updated 4/3/2020