



Employee Request for Federal Emergency Paid Sick Time (FEPST)

Employee Name: _____

Employee Contact #: _____

Employee Department: _____ EIN: _____

Employee Signature: _____ Date of Form Completion: _____

I, _____, am requesting leave beginning on _____ and ending on _____ for the following reason (select one):

1. I am unable to work because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19
 - 1a. Name of government entity that ordered quarantine/isolation: _____
2. I am unable to work because I have been advised by a healthcare provider to self-quarantine related to COVID-19
 - 2a. Healthcare provider name: _____
 - 2b. Healthcare provider contact number: _____
3. I am unable to work because I am experiencing COVID-19 symptoms and am seeking a medical diagnosis
 - 3a. Healthcare provider name: _____
 - 3b. Healthcare provider contact number: _____
4. I am unable to work because I am caring for an individual who: is subject to Federal, State, or local quarantine or isolation order related to COVID-19 (complete 4a-b-c), or has been advised by a healthcare provider to self-quarantine related to COVID-19 (complete 4b-c-d-e)
 - 4a. Government entity: _____
 - 4b. Name of individual you are caring for: _____
 - 4c. Relationship of individual to you: _____
 - 4d. Healthcare provider name: _____
 - 4e. Healthcare provider contact number: _____
5. I am unable to work because I am caring for my child whose school or place of care is closed (or whose childcare provider is unavailable) due to COVID-19 related reasons, and no other suitable person is available to care for my child during this period of requested leave (*HR recommendation: Complete the E-FMLA Request and Leave Administration Form and submit as instructed on those forms, instead of submitting this form*)
 - 5a. Name and age of your child: _____
 - 5b. Name of school/care provider that is closed due to COVID-19 related reasons:

6. I am experiencing any other substantially-similar condition specified by the US Department of Health and Human Services. I have submitted appropriate paperwork from my healthcare provider to the Human Resources Nurse Liaison

Requesting Employee: Submit this form and any appropriate supporting documentation to **HR Nurse Liaison Emily Kruspig via Kiteworks secure messaging ([kiteworks.pima.gov](https://www.kiteworks.pima.gov)) to Emily.Kruspig@pima.gov or secure FAX at 520-770-4057. Transmission of medical documentation via regular email is neither encouraged nor recommended.**

HR Reviewer's Name

Date and Outcome of Review by HR Reviewer

Name of DPR Notified and Date of Notification by HR

v. 06/01/2020