



EMPLOYEE VERIFICATION for PAID LEAVE DUE to CORONAVIRUS 2019 (EPSL/COVID19 ADMIN LEAVE and EFML)

Employee Name: _____ Employee ID: _____

Department: _____ Division: _____

Email: _____ Phone: _____

Begin Date	Estimated End Date*

*Estimated End Date cannot exceed December 31, 2020. EPSL maximum is 10 working days (two weeks) and EFML maximum is 10 weeks for 12 weeks total.

EPSL/COVID19 Admin Leave Request

I, _____ [Name of employee], hereby verify (choose the applicable reason):

Self-Quarantine: I meet scenario(s) established in the Family First Coronavirus Response Act (FFCRA) and the SOA COVID-19 Leave Policy for EPSL or meet guidelines established by the CDC, SOA Health Mandates, and SOA Health Alerts to self-quarantine* due to the coronavirus disease 2019 (COVID-19) paid at 100% pay rate (check all that apply):

- I am required to self-quarantine via a State Health Mandate, State Health Alert, or local government (for example: travel self-quarantine). (Limited to 10 work days per incident)
- I have tested positive for COVID-19. (Limited to 10 work days or until symptoms fully resolve whichever is longer)**
- I am experiencing the symptoms of COVID-19 and seeking a medical diagnosis. (Limited to 10 work days per incident.)**
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (Effective starting April 1, 2020, limited to 10 work days* of EPSL and is not available for repeat use or COVID19 Admin Leave, but FMLA may be an option.)**

*Please note: An employee may be required to telecommute during the self-quarantine period. If the employee is directed to telecommute and declines to do so, the employee must use their own accrued leave or be in a leave without pay status for the time in self-quarantine.

**To be eligible to take COVID-19 leave under this category you must be seeking a medical diagnosis or have been advised by a health care provider (HCP) to self-quarantine. Note; updated as of June 1, 2020.

Acknowledgments For Use of EPSL for Self-Quarantine:

- I acknowledge that if I become sick (unrelated to COVID-19) while self-quarantined, I will notify my employer and my remaining time away while sick would be paid leave or leave without pay. Any misrepresentations provided as a basis for this request will be a basis for disciplinary action.
- I acknowledge that EPSL for self-quarantine is paid at a 100% paid rate, not to exceed \$511 daily and \$5,110 aggregate; and does not pay into Medicare or similar.
- I acknowledge that I am required to use the first 10 work days* of EPSL (leave code CSLF) before I am allowed to use COVID19 Admin Leave (leave code 19ND) for any subsequent incidents.
- I acknowledge that I must use the CSLF Leave Code when submitting my timesheet and leave slip (mark as Other and write CSLF) as well as the appropriate LDP code as provided by my Admin Staff. Supervisor approval is still required to use the leave.

Care for Others: I meet scenario(s) established in the FFCRA and SOA COVID-19 Leave Policy for EPSL paid at 2/3 pay rate for childcare or to care for an individual as specified below (check all that apply):

- I am caring for an individual subject to quarantine or who has been advised by a health care provider to self-quarantine due to COVID-19 reasons. (Effective starting April 1, 2020, limited to 10 work days* of EPSL)
- I am caring for a child whose school or place of care is closed, including a care provider being unavailable, due to COVID-19 reasons. (Effective starting April 1, 2020, limited to 10 work days* of EPSL)

If you need to use more than 10 working days of leave to care for a child whose school or place of care is closed please complete the section below to apply for EFML, which grants an additional 10 weeks of leave paid at 2/3 pay rate.



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Acknowledgments For Use of EPSL for Childcare or Care for Others:

- I acknowledge that EPSL for childcare or to care for an individual is paid at 2/3 pay rate, not to exceed \$200 daily and \$2,000 in the aggregate; and does not pay into Medicare or similar. (Employees may submit leave cash-in requests to supplemental the reduced pay rate).
- I acknowledge that I must use the CFAM Leave Code when submitting my timesheet and leave slip (mark as Other and write CFAM) as well as the appropriate LDP code as provided by my Admin Staff. Supervisor approval is still required to use the leave.
- I acknowledge that I am NOT designated as an emergency responder or health care provider and therefore am eligible for EPSL for childcare or to care for an individual.

EFML Request

Reminder: If you have used or exhausted your entitlements under FMLA, you may not be eligible for the full 12 weeks of leave. Please review the FFCRA FAQ.

- I verify that I am applying for EFML and certify the following information is true and accurate:
 - I have been employed by the State of Alaska for at least the past 30 consecutive days, and
 - I am NOT designated as an emergency responder or health care provider, during the COVID-19 pandemic.

And I need Public Health Emergency (PHE) FMLA Leave because:

- I am unable to work all my assigned hours remotely due to a need for leave to care for my child(ren) (as listed below) under 18 years of age, because the elementary school, secondary school, or place of care has been closed or is unavailable, due to a public health emergency (i.e., an COVID-19 emergency declared by a Federal, State, or local authority).
- I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.

School Information

Child's Name	Name of School or Daycare Provider	School/Provider Phone # / Email / URL

*If you need to include additional children please attach a separate sheet with the above information.

Acknowledgments For Use of EFML for Childcare:

- I acknowledge the first 10 working days* I use EFML is unpaid unless I choose to use available EPSL, or accrued leave(s). If choosing to use EFML you must use the CFAM leave code on your timesheet and leave slip.
- I acknowledge that after I have taken 10 work days* of EFML, unpaid or other leave, additional EFML is paid at 2/3 pay rate, not to exceed \$200 daily and \$10,000 in the aggregate; and does not pay into Medicare or similar. (Employees may submit leave cash-in requests to supplemental the reduced pay rate).
- I acknowledge that I must use the CFAM Leave Code when submitting my timesheet and leave slip (mark as Other and write EFML) as well as the appropriate LDP code as provided by my Admin Staff. Supervisor approval is still required to use the leave.
- I acknowledge if I take paid EPSL concurrently with the first two weeks of EFML, those two weeks count towards the 12 workweeks in the 12 month period (my FMLA entitlement).

*10 working days is equivalent to 75/80 hours for a full time employee or prorated for employees whose normal schedule is less than full time.

I declare under penalty of perjury under the laws of the state of Alaska the foregoing is true and correct.

Employee Signature: _____ Date: _____

Print Name: _____ City/State: _____

Submit this form immediately to Payroll Services

cc: Supervisor and Admin Staff (Timekeeper)

Please review the [Payroll Update: Leave Usage for COVID19](#) for instructions on how to fill out your timesheet and leave slip.

Please contact Agency HR to help with any questions.