

Instructions: EPSL, EFMLA, Returning to Work

This packet should be provided to an employee in the event they request Emergency Paid Sick Leave (EPSL) or Emergency Family Medical Leave (EFMLA). Review the below before handing out to employee and prior to employee returning to work.

Emergency Paid Sick Leave (EPSL) and Emergency FMLA (EFMLA) Employee Request

- Employee must complete and sign the form. Once reviewed and approved, the approving manager should sign the form and provide requesting employee with a copy.
- Request supporting documentation for the request, such as a note from the physician and/or test results.
- Retain the approved request and any related documentation in a CONFIDENTIAL employee file. Remember that medical information is protected by law and should only be shared with other employees on a need to know basis.
- When processing payroll for an employee on EPSL, record these hours separately from company's standard sick pay.
- Keep record of any EPSL payments made and provide this information to your financial officer for Tax Credit Reimbursement.

Returning to Work Protocol

- Prior to providing this packet to the employee, fill out the General Information and Expected Duration of Leave sections paying special attention to who an employee should contact at your company if they have questions about the requirements to return to work.
- Employee completes the remainder of the form and returns it to the listed contact PRIOR to returning to work.
- Receiving manager should sign and put a copy of the completed form in the employee's file. A copy of the form may be provided to the employee upon request.
- Managers should be advised that no employee should return to work if they have not met all requirements listed AND submit the signed form.

For additional resources, visit [coremarkins.com/covid-19](https://www.coremarkins.com/covid-19)

Emergency Paid Sick Leave (EPSL) and Emergency FMLA (EFMLA) Employee Request Form

Employees requesting Emergency Paid Sick Leave (EPSL) or Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this request form. You must provide as much advance notice as is reasonably practicable. Submit your completed form to your Manager for processing.

GENERAL INFORMATION

Employee Name: _____

Employer: _____ Manager's Name: _____

EXPECTED DURATION OF LEAVE

First Day Off Work: _____ Expected Return Date: _____

REQUEST FOR LEAVE (PLEASE CHECK ALL THAT APPLY)

I am unable to work (or telework) for the following reasons and am requesting leave under the FFCRA:

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
Order Issued by: _____
- 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of healthcare provider: _____
- 3. I am experiencing the symptoms of COVID-19 and seeking a medical diagnosis (provide doctor's note if available).
- 4. I am caring for an individual who is subject to either number 1 or 2 of the above.
Name of individual: _____
Relationship to individual: _____
- 5. I am caring for my minor child(ren) because the school or place of care of my child has been closed, or the childcare provider of my child is unavailable due to COVID-19 precautions.
Name and age of child(ren): _____
Name of school/daycare provider: _____

_____ (initial) I represent that no other suitable person will be providing care for the child(ren) listed above during the period for which I am receiving paid leave under FFCRA.

_____ (initial) For any child older than 14, I certify that there are special circumstances that require me to provide care.

I will need to take leave as follows:

- For a continuous block of time (dates indicated above)
 - On a reduced work schedule as follows: _____
 - On an intermittent basis as follows: _____
6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Additional documentation in support of your leave request may be required.

AUTHORIZATION

I am requesting leave related to COVID-19 and have read the instructions on this form including details regarding documentation requirements and agree to provide such documentation as soon as I am able. I certify that am unable to work (or telework) for the reasons indicated above.

I further understand that I remain responsible for my portion of the health insurance premiums and any voluntary benefits in which I am enrolled. I agree to pay these premiums either through payroll deductions or via manual payment.

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____

Returning to Work Protocol

We committed to maintaining a safe workplace for our employees and customers. Anyone returning to the workplace after a COVID-related absence must follow the protocol below for returning. If you have any questions about this criteria, please contact the person listed below prior to returning.

GENERAL INFORMATION

Employee Name: _____

Employer: _____ Manager's Name: _____

If you have questions about this criteria, please contact the person below prior to returning.

Name: _____ Phone Number or Email: _____

EXPECTED DURATION OF LEAVE

First Day Off Work: _____ Expected Return Date: _____

REQUIREMENTS

You must meet ALL applicable requirements before returning to work. Returning to work prior to meeting all listed requirements may result in disciplinary actions including termination. Please check the boxes applicable to your experience and sign below. This form must be signed and returned to your manager or contact listed above to return to work.

If you showed any symptoms of COVID-19:

- 1. It has been AT LEAST 10 days since symptoms first appeared
- 2. I have been fever free for AT LEAST 24 hours without the use of fever-reducing medication
- 3. My symptoms have improved

If you did not any symptoms of COVID-19:

- 1. AT LEAST 10 days have passed since testing
- 2. At LEAST 14 days have passed since exposure

Additional documentation in support of your return may be required if your condition requires and extended period of self-isolation.

I attest to meeting the above requirements to return to work. If any new symptoms present I acknowledge the requirement to inform my employer immediately. Falsifying information on this form and/or returning to work prior to meeting all listed requirements may result in disciplinary actions including termination.

Employee Name: _____

Employee Signature: _____

Date: _____

Manager's Signature: _____