

EMERGENCY PAID SICK LEAVE (EPSL) REQUEST FORM
EFFECTIVE: April 1, 2020 through December 31, 2020
Lawrence Berkeley National Laboratory

Please send the completed form to IDAM:
 Confidential Fax: 510-486-7070, or
 Email: disabilitymanagement@lbl.gov

EMPLOYEE INFORMATION		
EMPLOYEE NAME	EMPLOYEE ID	JOB TITLE
REQUESTED EPSL START DATE	REQUESTED EPSL END DATE	
EMPLOYMENT STATUS: Full-time Part-time	DIVISION	SUPERVISOR
REASON FOR TAKING EMERGENCY PAID SICK LEAVE (EPSL)		
I am unable to work or <i>telework</i> during the above period due to the following Reason(s), as listed in the accompanying LBNL Guidance On Use of Emergency Paid Sick Leave (EPSL) and/or Expanded Family and Medical Leave (EFML): 1 2 3 4 5 6		
COMPLETE SECTION BELOW THAT IS APPLICABLE TO THE REASON(S) FOR WHICH YOU ARE REQUESTING EPSL		
<p>If requesting EPSL for Reason 1: [There is work for me to do, but] I am unable to work or <i>telework</i> because I am subject to a federal, state, or local <i>quarantine or isolation order</i> related to COVID-19. The following federal, state, or local governmental entity issued this order: _____</p>		
<p>If requesting EPSL for Reason 2: I am unable to work or <i>telework</i> because I have been advised by a <i>health care provider</i> to self-quarantine due to concerns related to COVID-19. The name of that <i>health care provider</i> is: _____</p>		
<p>If requesting EPSL for Reason 3: I am unable to work or <i>telework</i> because I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis from a <i>health care provider</i>. Check here to confirm:</p>		
<p>If requesting EPSL for Reason 4: I am unable to work or <i>telework</i> because I am caring for an <i>individual</i> who is either subject to a federal, state, or local <i>quarantine or isolation order</i> related to COVID-19 or who has been advised by a <i>health care provider</i> to self-quarantine due to concerns related to COVID-19.</p> <p>1) Name of <i>individual</i> for whom I am caring: _____</p> <p>2) My relationship to this individual is: _____</p> <p>3) Complete one of the following:</p> <p>a) The <i>individual</i> identified above is subject to a <i>quarantine or isolation order</i> issued by the following federal, state, or local governmental entity: _____</p> <p>b) Name of the <i>health care provider</i> who advised the <i>individual</i> identified above to self-quarantine: _____</p>		

If requesting EPSL for Reason 5:

Note: If you are taking EPSL for this reason, your EPSL will run concurrently with your first 2 workweeks of EFML (which would otherwise be unpaid), provided you are eligible for EFML and have EFML entitlement remaining.

I am unable to work or *telework* because I am caring for my *child / children* whose school or place of care has closed (or whose *child care provider* is unavailable) due to COVID-19 precautions.

1) Name and age of each *child* for whom I am providing care during the period for which I am requesting EPSL:

2) There is no other suitable person besides me who will be caring for my *child / children* listed above during the period for which I am requesting EPSL. Check here to confirm:

3) The name of each *school or place of care* that is closed if that is the reason I am providing care for my *child / children* listed above:

4) The name of each *childcare provider* that is closed/unavailable if that is the reason I am providing care for my *child / children* listed above:

5) If I have listed a *child* above who is older than 14 and I am providing care for that *child* during daylight hours, I am required to do that because of the following special circumstances:

6) If I have listed a *child* above who is 18 years or older, that *child* is incapable of self-care because of a mental or physical disability. Check here to confirm, if applicable:

If requesting EPSL for Reason 6:

I am unable to work or *telework* because I am experiencing any other substantially similar condition(s) specified by the U.S. Department of Health and Human Services. Check here to confirm:

EMPLOYEE CERTIFICATION

I certify that the foregoing is true. I understand that LBNL may require additional documentation in support of my request for EPSL.

EMPLOYEE SIGNATURE

DATE

Instructions

1. Fill out your form
2. Type in your signature and signature date
3. Save your form
4. Send the completed form to IDAM: Confidential Fax: 510-486-7070, or Email your form to: disabilitymanagement@lbl.gov

APPENDIX A DEFINITIONS

Child: The employee's biological, adopted, or foster child, a stepchild, a legal ward, or a child to whom the employee stands *in loco parentis*, who is under 18 years of age; or 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee stands *in loco parentis* to a child when the employee has day-to-day responsibilities to care for or financially supports the child.

Child Care Provider: A provider who receives compensation for providing child care services on a regular basis, including a center-based child care provider, a group home child care provider, a family child care provider, or other provider of child care services for compensation that is licensed, regulated, or registered under State law and satisfies State and local requirements. An eligible child care provider need not be compensated or licensed if they are a family member or friend, such as a neighbor, who regularly cares for the employee's child.

Health Care Provider (for purposes of EPSL Reasons 2, 3, and 4): A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; a podiatrist, dentist, clinical psychologist, optometrist, chiropractor (limited to the treatment of the spine to correct a subluxation as demonstrated by x-ray to exist), nurse practitioner, nurse mid-wife, physician assistant, or clinical social worker who is authorized to practice in the State and is performing within the scope of their practice as defined under State Law; a Christian Science practitioner; any health care provider that the employee's health plan carrier recognizes for purposes of payment; and a health care provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of their practice as defined under such law.

Health Care Worker (for purposes of the exclusion from EPSL eligibility for Reasons 4 and 5 and the exclusion from EFML): Anyone employed at any doctor's office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, employer, or entity. This includes any permanent or temporary institution, facility, location, or site where medical services are provided that are similar to such institutions.

Individual (for purposes of EPSL Reason 4): The employee's immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she were quarantined or self-quarantined. "Individual" does not include persons with whom the employee has no personal relationship.

Place of Care: A physical location in which care is provided for the employee's child while the employee works for LBNL. The physical location does not have to be solely dedicated to such care. Examples include day care facilities, preschools, before and after school care programs, schools, homes, summer camps, summer enrichment programs, and respite care programs.

Quarantine or Isolation Order: Includes quarantine, isolation, containment, shelter-in-place, or stay-at-home orders issued by any Federal, State, or local government authority that cause the employee to be unable to work even though LBNL has work that the employee could perform but for the order. This also includes when a Federal, State, or local government authority has advised categories of citizens (e.g., of certain age ranges or of certain medical conditions) to shelter in place, stay at home, isolate, or quarantine, causing those categories of employees to be unable to work even though LBNL has work for them.

School: An “elementary school” or “secondary school” as follows:

- “Elementary school” means a nonprofit institutional day or residential school, including a public elementary charter school that provides elementary education, as determined under State law.
- “Secondary school” means a nonprofit institutional day or residential school, including a public secondary charter school that provides secondary education, as determined under State law, except that the term does not include any education beyond grade 12.

Telework: Work LBNL permits or allows an employee to perform while the employee is at home or at a location other than the employee’s normal workplace. An employee is able to telework if:

- LBNL has work for the employee;
- LBNL permits the employee to work from the employee’s location; and
- There are no extenuating circumstances (such as serious COVID–19 symptoms) that prevent the employee from performing that work.