

Families First Coronavirus Response Act (FFCRA) Request for Emergency Paid Sick Leave Due to Travel-Related Self-Quarantine

EMPLOYEE INFORMATION:			
Employee Name	Personnel Number	Telephone Number (required)	
University	E-mail Address (required)	Supervisor's Name (required)	
INSTRUCTIONS			
<p>Emergency Paid Sick Leave ACT (EPSLA)-employees are eligible to request up to two weeks of paid emergency sick time if they have traveled outside of Pennsylvania and cannot produce a negative COVID-19 test result, and are required to quarantine up to 14 days upon entry to Pennsylvania. The COVID-19 test may be taken within 72 hours prior to entering Pennsylvania or upon returning to Pennsylvania. Upon receiving a negative COVID-19 test result, the quarantine is no longer required. * See below for travel exemptions.</p> <p>Complete and submit this Request Form along with documentation of your travel. Acceptable Proof of Travel may include –hotel receipt, toll receipt, gas receipt, airline/bus/train ticket, or restaurant receipt.</p>			
REASON FOR EMERGENCY PAID SICK LEAVE (EPSL)			
<input type="checkbox"/> Employee traveled outside of Pennsylvania, and was not able to be tested, chose not to be tested or was waiting on COVID-19 test results, and immediately upon return was in self-quarantine for up to 14 calendar days.			
Last date of travel outside of Pennsylvania: _____ State or country traveled to: _____			
If applicable: Date of COVID-19 test: _____ Date of COVID-19 test results _____			
EMERGENCY PAID SICK LEAVE ACT - ADDITIONAL INFORMATION			
<p>Emergency Paid Sick Leave for Travel - Employee shall receive up to 10 consecutive paid sick leave days at their regular hourly rate of pay up to a maximum of \$511 per day. Employee must not be able to telework.</p> <p>Emergency Paid Sick Leave is not retirement eligible, you will not receive retirement credit for any wages paid.</p>			
REQUESTED START DATE FOR EMERGENCY PAID SICK LEAVE (EPSLA): Max of 10 consecutive workdays.			
First Scheduled Workday in quarantine _____ Last Scheduled Consecutive Workday in quarantine _____			
Comments: _____			
ACKNOWLEDGEMENT			
<ul style="list-style-type: none"> • I understand that by submitting this request, I represent I am unable to telework, and will self-quarantine as a result of my travel. • I understand that I must submit the required documentation of my travel as soon as it is available. If documentation is not received within a reasonable amount of time, my leave may not be permitted. Any unapproved/non-qualifying absences may be subject to corrective action. 			
Signature: _____		Date: _____	
Return completed form to: FFCRA Coordinator email: COVID19LeaveRequest@PASSHE.EDU			
<p>* Exemptions to travel quarantine:</p> <ul style="list-style-type: none"> • Employees traveling to and from PA for work • Employees traveling to and from PA for medical reasons (including providing comfort and support to a patient) • Employees traveling outside of PA for less than 24 hours • Employees on military orders traveling to and from PA by order or directive of a state or Federal military authority • Employees traveling to comply with a court order (including child custody) 			