



TIME OFF REQUEST FORM FOR EMERGENCY LEAVE

In March 2020, Congress passed the Families First Coronavirus Response Act (FFCRA), which provides employees with financial relief efforts related to COVID-19 (Emergency Paid Sick Leave and Emergency Family Medical Leave). The information below will help in determining which kind of pay you may elect to receive. Please designate which leave option below applies to you.

EMERGENCY PAID SICK LEAVE (EPSL)

Beginning April 1st, 2020 all IMCO employees who are not working and cannot telework, have the ability to receive 10 days (80 hours) of Emergency Paid Sick Leave for use towards the below scenarios related to COVID-19. You can elect to take this pay April 1st through December 31st for any of the reasons below.

Below are details of covered scenarios using the EPSL. Please check the scenario you will be utilizing:

- EPSL 1:** Stay at Home Directive: Federal, State or local quarantine or isolation order related to COVID-19 (*100% of hourly rate of pay up to \$511 per day (\$5,110 total)*).
List the job you are working on that was subject to a local quarantine/shutdown _____
- EPSL 2:** You have been advised by a health care provider to self-quarantine related to COVID-19. Doctors note required. (*100% of hourly rate of pay up to \$511 per day (\$5,110 total)*).
- EPSL 3:** You are experiencing COVID-19 symptoms and are seeking a medical diagnosis. Provide formal written notice to HR required. (*100% of hourly rate of pay up to \$511 per day (\$5,110 total)*).
- EPSL 4:** You are caring for an individual that is experiencing symptoms related to COVID-19 or is subject to a Federal, State or local quarantine or isolation order related to COVID-19. Provide formal written notice to HR required. (*2/3rd of hourly rate of pay up to \$200 per day (\$2000 total)*).
- EPSL 5:** You must care for a child if a school or place of care is closed or the childcare provider is unavailable due to COVID-19 reasons. Proof of closure is required. (*2/3rd of hourly rate of pay up to \$200 per day (\$2000 total)*).
- EPSL 6:** You are experiencing any other substantially similar condition specified by Health and Human Services (*2/3rd of hourly rate of pay up to \$200 per day (\$2000 total)*)

I don't wish to use Emergency Paid Sick Leave. I would like to take one of the following:

- Paid Time off (PTO)
- WA Sick time
- Unpaid time off

Please indicate the time period/dates you will be utilizing the checked scenario above:

From: _____ To: _____

EMERGENCY FAMILY MEDICAL LEAVE

Employees who have been employed for at least 30 days prior to their leave request who are unable to work (or telework) to care for a child due to closure of school or place of care, or the child care provider is unavailable for COVID-19 reasons, may be eligible for up to an additional 10 weeks of pay at 2/3rd their hourly rate of pay up to \$200 per day and \$10,000 total. If you believe you qualify for this extended leave, please contact the HR department for additional details.

I am requesting leave, see designation above, because I am unable to work for the reasons outlined on this form.

Name: _____

Date: _____

Signature: _____