

# STATE OF ARIZONA

## Families First Coronavirus Response Act, Effective 04/01/20 - 12/31/20 Notice of Emergency Paid Sick Leave Designation

To: \_\_\_\_\_

Date: \_\_\_\_\_

We have reviewed your request for Emergency Paid Sick Leave (EPSL), which Human Resources received on \_\_\_\_\_.

\_\_\_\_\_ Your request for EPSL is approved effective \_\_\_\_\_ due to your inability to work or telework for the following qualifying reason(s) (check all that apply):

<input type="checkbox"/>	(1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
<input type="checkbox"/>	(2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
<input type="checkbox"/>	(3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis or pending testing.
<input type="checkbox"/>	(4) I am caring for an individual who is subject to quarantine under number 1 or 2 above.
<input type="checkbox"/>	(5) I am caring for my son or daughter (including a foster child or stepchild) due to their school or childcare facility or provider being closed or unavailable, due to COVID-19 precautions. <b>Note:</b> <i>If you circle this item, and you have been employed by the State for the past 30 calendar days, and you also qualify for Emergency Family and Medical Leave Expansion Act Leave, you will receive a separate designation notice for that leave.</i>

\_\_\_\_\_ Your request for EPSL is not approved because:

\_\_\_\_\_ Your request does not meet any of the above stated reasons.

\_\_\_\_\_ You work in a position that has been designated as a health care provider or emergency responder, and as such, you are excluded from this act.

**Please be advised (check if applicable):**

\_\_\_\_\_ You will be granted \_\_\_\_\_ hours of Emergency Paid Sick Leave which may be used concurrently with the FMLA Expansion Act Leave, if applicable. Please ensure you keep in contact with your supervisor and follow agency call-in procedures during this time.

You \_\_\_\_\_ HAVE \_\_\_\_\_ HAVE NOT requested to use your accrued paid leave balances for the unpaid 1/3 of your wages. Any paid leave taken for this reason will count against your FMLA leave entitlement. (If you change this designation, it will be effective on the first day of the next pay period.)

Any questions may be directed to your Human Resources representative.