

Diocese of Tucson
Emergency Paid Sick Leave And Expanded Family and Medical Leave

EPSL/EFML LEAVE REQUEST

I am requesting paid leave because I am unable to work, including telework, for the following qualifying reason (check all that apply and provide the additional information required as listed for each qualifying reason):

I am unable to work or telework because I am quarantined or under isolation pursuant to a Federal, State, or local government order related to COVID-19 (includes stay at home order). *Additional Information Required:*

1. I am requesting _____ hours, days or weeks of paid leave commencing on _____ (Date) and ending on _____ (Date)
2. The name of the governmental entity that issued the quarantine or isolation order applicable to me:

Employee Name: _____ **Signature:** _____

I am unable to work or telework because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. *Additional Information Required:*

1. I am requesting _____ hours, days or weeks of paid leave commencing on _____ (Date) and ending on _____ (Date)
2. The name of the health care provider advising me to self-quarantine due to concerns related to COVID-19 is: _____

Employee Name: _____ **Signature:** _____

I am unable to work or telework because I am experiencing COVID-19 symptoms and am seeking a medical diagnosis. *Additional Information Required:*

1. I am requesting _____ hours, days or weeks of paid leave commencing on _____ (Date) and ending on _____ (Date)

Employee Name: _____ **Signature:** _____

I am unable to work or telework because of a bona fide need to care for an individual who is quarantined or under isolation pursuant to a Federal, State, or local government order related to COVID-19.

Additional Information Required:

1. I am requesting _____ hours, days or weeks of paid leave commencing on _____ (Date) and ending on _____ (Date)
2. The name of the individual is: _____ and their relationship to me is: _____
3. The name of the governmental entity that issued the quarantine or isolation order applicable to the individual: _____

Employee Name: _____ **Signature:** _____

- I am unable to work or telework because of a bona fide need to care for an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.**

Additional Information Required:

1. I am requesting _____ hours, days or weeks of paid leave commencing on _____ (Date) and ending on _____ (Date)
2. The name of the individual is: _____ and their relationship to me is: _____
3. The name of the health care provider advising the individual to self-quarantine due to concerns related to COVID-19 is: _____

Employee Name: _____ **Signature:** _____

- I am unable to work or telework because of a bona fide need to care for a son or daughter whose school or child care provider is closed or unavailable for reasons related to COVID-19.** *Additional Information Required:*

1. I am requesting _____ hours, days or weeks of paid leave commencing on _____ (Date) and ending on _____ (Date)
2. The name and date of birth of my affected child(ren) and their school or child care provider:

Child's Name	Age	School or Child Care Provider Name

3. The reason I need to care for the child(ren) for the time requested is that no other suitable person will be caring for the child(ren) during the period for which am requesting paid leave.
4. If any of the Child(ren) is/are older than fourteen and need care during daylight hours, the special circumstances requiring me to provide such care are (leave blank if there are no children over age 14 needing care during daylight hours): _____

Employee Name: _____ **Signature:** _____

Instructions to employee:

1. *Complete and sign* this EPSL/EFML Leave Request Form and then
2. *Submit it, along with the required information and documents listed in each category of leave, to: **your Employer and a copy to Martin Presley by email to mpresley@diocesetucson.org** by no later than { 5 days} after you commence your leave (unless it is not practicable under the circumstances to submit the request within this timeframe)*

If you are submitting this form more than 5 days after you are asking your paid leave to commence, include an explanation for why you were unable to submit it within 5 days after you are requesting the leave commence.

If you do not have access to email you (or your spokesperson, such as spouse, adult family member or other responsible party) must call your Employer or Martin Presley at 520-838-2559 by no later than 5 days after you commence your leave to get instructions to submit your completed form and related documents by mail.