

Department of the Treasury

COVID-19 Emergency Paid Leave (EPL) Employee Notification and Leave Request Form

Identifying Information

Employee name

Phone number (work)

Email address (work)

Name of organization (agency, office, division, branch, etc.)

Department of the Treasury

EPL Qualifying Circumstance Causing the Employee to be Unable to Work

Employee is unable to work because the employee is—

- ☐ (1) Subject to COVID-19 governmental quarantine or isolation order/advisory
- ☐ (2) Advised by health care provider to self-quarantine due to COVID-19 concerns
- ☐ (3) Caring for an individual subject to (1) such order/advisory or (2) such advice
- ☐ (4) Experiencing symptoms of COVID-19 and actively seeking (i.e., taking immediate steps to obtain) a medical diagnosis
- ☐ (5) Caring for a child when required because, due to COVID-19 precautions, the child's school or place of care has been closed, or the child is participating in virtual learning instruction, or the child's care provider is unavailable
- ☐ (6) Experiencing any other substantially similar condition (as approved by OPM)
- ☐ (7) Caring for a family member (i) who has a "mental or physical disability"* or who is 55 years of age or older and (ii) who is "incapable of self-care"*, without regard to whether another individual other than the employee is available to care for such family member, if the place of care for such family member is closed or the direct care provider is unavailable due to COVID-19 (* as those terms are defined in OPM guidance)
- ☐ (8) Obtaining immunization related to COVID-19 or recovering from any injury, disability, illness, or condition related to such immunization (after using any administrative leave provided by the employing agency)

Dates	Anticipated	Actual
Date use of EPL begins		
Date use of EPL concludes		

Employee Certifications (initial each box)

- ☐ I attest that I will be using EPL to be excused from duty only during hours when I am unable to work (including telework) because an EPL qualifying circumstance applies to me.
- ☐ I understand that any EPL provided to me will reduce my total creditable service used to calculate any Federal civilian retirement annuity benefit I may receive.
- ☐ I attest that I have signed the EPL Employee Agreement and understand that the granting of EPL is conditional upon the availability of monies in the EPL Fund and that I will be obligated to take action as described in the EPL Employee Agreement to resolve any overpayment debt if conditional EPL is cancelled due to Fund exhaustion.
- ☐ I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that a false or misleading certification may be grounds for disciplinary action, up to and including removal.

Employee's signature

Date

Additional Documentation Requirements

An employee must submit the following additional documentation in connection with each identified qualifying circumstance, as applicable:

Qualifying circumstance	Insert ✓ if completed	Nature of Documentation	Instructions
(1)		the governmental quarantine or isolation order applicable to the employee	Attach the order or provide web address here:
(2)		the name of the health care provider who advised the employee to self-quarantine due to COVID-19	Provide name here:
(3)		the governmental quarantine or isolation order applicable to the employee (if applicable)	Attach the order or provide web address here:
		the name of the health care provider who advised the individual to self-quarantine due to concerns related to COVID-19 (if applicable)	Provide name here:
(4)		<i>No generally required additional documentation.</i>	
(5)		the name of the son or daughter being cared for	Provide name here:
		the name of the school, place of care, or child care provider and a brief description of the situation (i.e., closure, use of on-line instruction, unavailability of the child care provider)	Provide information here:
		a written explanation regarding why the employee's circumstances (e.g., ages of children, number of children, special needs of children, lack of other adults in the home) make the employee unable to work during the requested hours of leave	Provide explanation here:
(6)		<i>any documentation the Director of OPM requires</i>	Follow provided bureau instructions for OPM approval through DASHR-CHCO.
(7)		the name of the family member with a mental or physical disability (if applicable)	Provide name here:
		the name and age of the family member that is 55 years or older (if applicable)	Provide name and age here:
		the name of the place of care that is closed or the direct care provider that is unavailable due to COVID-19	Provide name here:
		a written explanation regarding why the employee's care responsibilities make the employee unable to work during the requested hours of leave	Provide explanation here:
(8)		<i>No generally required additional documentation.</i>	

NOTE: In addition to the above generally required documentation requirements, you may be required to provide supplemental information, explanations, or certifications if there is reason to believe that EPL is not being used appropriately. Once you have met the generally required documentation requirements described above, conditional approval of EPL may be granted. However, your request for EPL may be denied based on the determination that your justification for the leave is not supported by the documents submitted or lack of any other available facts. If the validity or adequacy of your justification is questioned, you must have an opportunity to provide documentation or further supplement your response before EPL is denied. At the discretion of your Bureau Head or their designee, use for EPL may be conditionally approved pending receipt of supplemental documentation and other information as required under the first sentence of this NOTE; however, it will be ensured that you understand your obligation to resolve the overpayment of leave if the agency's final decision is to deny the leave.

Additional Information

For additional information on the rules governing EPL (including conditions and limitations), go to <https://www.chcoc.gov/content/covid-19-emergency-paid-leave>.

Privacy Act Statement

Solicitation of this information is authorized by Section 4001 of the American Rescue Plan Act of 2021 (Public Law 117-2). The information you furnish is needed to review your request for emergency paid leave. Providing this information is voluntary, but failure to furnish the requested information may delay or prevent your ability to receive emergency paid leave. For other routine uses, see the associated government-wide system for <https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-1-general-personnel-records.pdf>.