

**UNIVERSITY OF CALIFORNIA
2021 EMERGENCY PAID SICK LEAVE (EPSL) NOTICE
AND 2021 EPSL REQUEST FORM**

Section I of this form provides important information regarding University employees' entitlement to Emergency Paid Sick Leave (EPSL) in 2021. **This leave is available March 29, 2021 through September 30, 2021.** If an employee took any leave between January 1, 2021 and March 28, 2021 for one or more of the EPSL qualifying reasons but was not paid as described below, the employee may request that the University allow them to retroactively use EPSL. If an employee has an EPSL leave in progress on September 30, 2021, the employee will be allowed to finish taking the amount of EPSL that they are entitled to receive.

EPSL is available for immediate use. An employee may request EPSL orally or in writing by filling out [Section II](#). The signed form should be returned to the employee's supervisor.

Many terms used below have specific meanings. If a term is italicized, it is defined in [Appendix A](#).

I. Emergency Paid Sick Leave (EPSL) – Background Information

An eligible employee may take EPSL if the University has work for the employee and one of the six qualifying reasons below prevents the employee from being able to perform that work, either under normal circumstances at their normal worksite or by means of telework.

A. Qualifying Reasons

An employee may take EPSL if one or more of the following reasons apply:

<p>Reason 1 (Quarantine or Isolation Order): The employee is unable to work or telework because the employee is subject to a federal, state, or local <i>quarantine or isolation order</i> related to COVID-19.</p> <ul style="list-style-type: none"> • An employee may not take EPSL for this reason if the University does not have work for the employee to do as a result of the <i>quarantine or isolation order</i> or other circumstances.
<p>Reason 2 (Self-Quarantine): The employee is unable to work or <i>telework</i> because the employee has been advised by a <i>health care provider</i> to self-quarantine due to concerns related to COVID-19.</p>
<p>Reason 3 (Testing, Diagnosis, and/or Immunization): The employee is unable to work or <i>telework</i> because of any of the following:</p> <ol style="list-style-type: none"> a) The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis from a <i>health care provider</i>. b) The employee has been exposed to COVID-19 and is seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19. c) The University has requested that the employee obtain a diagnostic test for, or a medical diagnosis of, COVID-19, and the employee is seeking or awaiting those results. d) The employee is obtaining immunization related to COVID-19. e) The employee is recovering from an injury, disability, illness, or condition related to obtaining immunization related to COVID-19.
<p>Reason 4 (Caring for an Individual): The employee is unable to work or <i>telework</i> because they are caring for an <i>individual</i> who is either subject to a federal, state, or local <i>quarantine or isolation order</i> related to</p>

COVID-19 or who has been advised by a *health care provider* to self-quarantine due to concerns related to COVID-19.

- The employee will need to identify their relationship to the *individual* for whom they are providing care.

Reason 5 (Closure of School/Child Care):

The employee is unable to work or *telework* because the employee is caring for their *child* whose *school* or *place of care* has closed (or whose *child care provider* is unavailable) for reasons related to COVID-19.

Reason 6 (Substantially-Similar Condition):

The employee is unable to work or *telework* because the employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services (HHS).

- HHS had not identified any such condition as of March 29, 2021.

B. Eligibility for EPSL

All employees are eligible for EPSL if one or more of the 6 qualifying reasons apply.

C. Amount of Potential EPSL Entitlement

1. Potential length of time an employee may take EPSL:
 - Up to 80 hours for full-time employees and the two-week equivalent for part-time employees. (Full-time firefighters may be entitled to more than 80 hours.)
2. Amount of pay an eligible employee will receive during EPSL:
 - The employee will receive their regular rate of pay during EPSL. (Although the law allows employers to place caps on pay for EPSL, the University has decided not to apply these caps.)

D. How EPSL May Be Taken

- Non-exempt employees who are teleworking may take EPSL as a block leave or intermittently in increments of at least one hour.
- Exempt employees who are teleworking may take EPSL as a block leave or intermittently in whole day increments.
- Employees working onsite may take EPSL for any reason as a block leave but may only take EPSL intermittently if taking EPSL for Reason 5. When taking EPSL intermittently for Reason 5, non-exempt employees may take EPSL in increments of at least one hour, and exempt employees may take EPSL in whole day increments. For public health reasons, employees working onsite who are taking EPSL for Reasons 1-4 or 6 must continue using EPSL until the employee either uses the full amount of EPSL or no longer has a qualifying reason for using EPSL.

E. EPSL is Protected Leave

Retaliation or discrimination against an employee requesting or using this leave is strictly prohibited. Individuals who believe they have been subjected to retaliation or discrimination can submit complaints through their local Human Resources office, Affirmative Action/Equal Employment Opportunity office, Academic Personnel office, Labor Relations office, or the University [Whistleblower Hotline](#) (800-403-4744).

II. 2021 EMERGENCY PAID SICK LEAVE (EPSL) REQUEST FORM University of California

EMPLOYEE INFORMATION		
EMPLOYEE NAME	EMPLOYEE ID	JOB TITLE
REQUESTED EPSL DATES	EPSL START DATE	EPSL END DATE
LOCATION	DEPARTMENT	SUPERVISOR
REASON FOR TAKING EMERGENCY PAID SICK LEAVE (EPSL)		
I am unable to work or <i>telework</i> during the above period due to the following Reason (as listed in Section I.A above): __1 __2 __3 __4 __5 __6		
COMPLETE SECTION BELOW THAT IS APPLICABLE TO THE REASON FOR WHICH YOU ARE REQUESTING EPSL		
<p>If requesting EPSL for Reason 1: I am unable to work or <i>telework</i> because I am subject to a federal, state, or local <i>quarantine or isolation order</i> related to COVID-19.</p> <p>The following federal, state, or local governmental entity issued this order: _____</p>		
<p>If requesting EPSL for Reason 2: I am unable to work or <i>telework</i> because I have been advised by a <i>health care provider</i> to self-quarantine due to concerns related to COVID-19.</p> <p>The name of that <i>health care provider</i> is: _____</p>		
<p>If requesting EPSL for Reason 3: I am unable to work or <i>telework</i> because of the following (check as applicable):</p> <ul style="list-style-type: none"> a) I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis from a <i>health care provider</i>. b) I have been exposed to COVID-19 and am seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19. c) The University has requested that I obtain a diagnostic test for, or a medical diagnosis of, COVID-19, and I am seeking or awaiting those results. d) I am obtaining immunization related to COVID-19. e) I am recovering from an injury, disability, illness, or condition related to obtaining immunization related to COVID-19. 		
<p>If requesting EPSL for Reason 4: I am unable to work or <i>telework</i> because I am caring for an <i>individual</i> who is either subject to a federal, state, or local <i>quarantine or isolation order</i> related to COVID-19 or who has been advised by a <i>health care provider</i> to self-quarantine due to concerns related to COVID-19.</p> <p>1. Name of <i>individual</i> for whom I am caring: _____</p> <p>2. My relationship to this individual is: _____</p> <p>3. Complete one of the following:</p> <ul style="list-style-type: none"> a. The <i>individual</i> identified above is subject to a <i>quarantine or isolation order</i> issued by the following federal, state, or local governmental entity: _____ 		

b. Name of the *health care provider* who advised the *individual* identified above to self-quarantine:

If requesting EPSL for Reason 5:

I am unable to work or *telework* because I am caring for my *child/children* whose *school* or *place of care* has closed (or whose *child care provider* is unavailable) for reasons related to COVID-19.

1. Name and age of each *child* for whom I providing care during the period for which I am requesting EPSL:

2. There is no other suitable person besides me who will be caring for my *child/children* listed above during the period for which I am requesting EPSL. Check here to confirm: _____

3. The name of each *school* or *place of care* that is closed if that is the reason I am providing care for my *child/children* listed above:

4. The name of each *childcare provider* that is closed/unavailable if that is the reason I am providing care for my *child/children* listed above:

5. During the period for which I am requesting EPSL, my *child's/children's school, place of care, or child care provider* will be closed or unavailable to my *child/children* only on certain days due to their implementation of an alternate day or other hybrid-attendance schedule.

No, this does not apply to me.

Yes, I confirm this is true. My *child's/children's school, place of care, or child care provider* will be closed or unavailable to my *child/children* only on certain days because they are implementing the following alternate day or other hybrid-attendance schedule:

For example: "My child's school only permits my child to attend school in person on Tuesdays and Thursdays, and my child participates in remote learning on Mondays, Wednesdays, and Fridays."

6. If I have listed a *child* above who is older than 14 and I am providing care for that *child* during daylight hours, I am required to do that because of the following special circumstances:

7. If I have listed a *child* above who is 18 years or older, that *child* is incapable of self-care because of a mental or physical disability. Check here to confirm, if applicable: _____

If requesting EPSL for Reason 6:

I am unable to work or *telework* because I am experiencing any other substantially-similar condition(s) specified by the U.S. Department of Health and Human Services. Check here to confirm: _____

CERTIFICATION

I certify that the foregoing is true. I understand that the University may require additional documentation in support of my request for EPSL.

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE

APPENDIX A DEFINITIONS

Child: The employee's biological, adopted, or foster child, a stepchild, a legal ward, or a child to whom the employee stands *in loco parentis*. An employee stands *in loco parentis* to a child when the employee has day-to-day responsibilities to care for or financially supports the child.

Child Care Provider: A provider who receives compensation for providing child care services on a regular basis, including a center-based child care provider, a group home child care provider, a family child care provider, or other provider of child care services for compensation that is licensed, regulated, or registered under State law and satisfies State and local requirements. An eligible child care provider need not be compensated or licensed if they are a family member or friend, such as a neighbor, who regularly cares for the employee's child.

Health Care Provider: A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; a podiatrist, dentist, clinical psychologist, optometrist, chiropractor (limited to the treatment of the spine to correct a subluxation as demonstrated by x-ray to exist), nurse practitioner, nurse mid-wife, physician assistant, or clinical social worker who is authorized to practice in the State and is performing within the scope of their practice as defined under State Law; a Christian Science practitioner; any health care provider that the employee's health plan carrier recognizes for purposes of payment; and a health care provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of their practice as defined under such law.

Individual: The employee's immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she were quarantined or self-quarantined. This could include, for example, an employee's grandparent, grandchild, or sibling. "Individual" does not include persons with whom the employee has no personal relationship.

Place of Care: A physical location in which care is provided for the employee's child while the employee works for the University. The physical location does not have to be solely dedicated to such care. Examples include day care facilities, preschools, before and after school care programs, schools, homes, summer camps, summer enrichment programs, and respite care programs.

Quarantine or Isolation Order: Includes quarantine, isolation, containment, shelter-in-place, or stay-at-home orders issued by any Federal, State, or local government authority that cause the employee to be unable to work even though the University has work that the employee could perform but for the order. This also includes when a Federal, State, or local government authority has advised categories of citizens (e.g., of certain age ranges or of certain medical conditions) to shelter in place, stay at home, isolate, or quarantine, causing those categories of employees to be unable to work even though the University has work for them.

School: An "elementary school" or "secondary school" as follows:

- "Elementary school" means a nonprofit institutional day or residential school, including a public elementary charter school that provides elementary education, as determined under State law.

- “Secondary school” means a nonprofit institutional day or residential school, including a public secondary charter school that provides secondary education, as determined under State law, except that the term does not include any education beyond grade 12.

Telework: Work the University permits or allows an employee to perform while the employee is at home or at a location other than the employee’s normal workplace. An employee is able to telework if:

- The University has work for the employee;
- The University permits the employee to work from the employee’s location; and
- There are no extenuating circumstances (such as serious COVID–19 symptoms) that prevent the employee from performing that work.