



Mississippi Band of Choctaw Indians

Emergency Paid Sick Leave (“EPSL”)(Coronavirus)

Request Form

EXPLANATION

Under the Families First Coronavirus Response Act, the Mississippi Band of Choctaw Indians may provide Paid COVID-19 Leave to Government Services Division employees who

(1) must be absent from work for one or more of the six (6) specific reasons as a result of or related to COVID-19 that are listed below, **and**

(2) cannot or are not permitted to telework.

A Request Form should be completed to document and expedite the Paid COVID-19 Leave approval process. Completed forms must be submitted to your supervisor and to the Human Resources Office for approval.

Eligible reasons for leave are

- 1. The employee is subject to a Federal, State, or local isolation or quarantine order related COVID-19;
- 2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19; 3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;
- 4. The employee is caring for an individual who is subject to an order described in Reason 1 or has been advised as outlined in Reason 2;
- 5. The employee is caring for a child if the child’s school or place of care is physically closed, or the employee’s childcare provider is unavailable;
- 6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Paid Leave Entitlements:

Full-time employees are entitled to a maximum of 80 hours in a bi-weekly period and part-time employees are entitled to a number of hours equal to the number of hours that the employee normally works in a bi-weekly period. (For example, employees who work 48 hours during a normal two-week period, will be eligible for up to 48 hours of EPSL.) For employees whose schedule varies from week to week to such an extent that the Tribe is unable to determine the number of hours the employee would have worked, the Tribe will calculate an average number of hours.

Paid COVID-19 Leave does not accrue annual or sick leave. Employees who wish to continue to accrue vacation or sick leave must use the applicable leave (e.g., annual or sick leave) under the Tribe's Leave Policy, rather than Paid COVID-19 leave. However, employees must exhaust COVID-19 Leave to Care for Non-Family Members (Reason 4) and COVID-19 School Leave (Reason 5) before taking other types of leave for those same uses.

Requirements for Emergency Paid Sick Leave:

Employees must complete and submit an Emergency Paid Sick Leave Request Form to their supervisor and receive approval of use of Paid COVID-19 Leave.

Employees must complete a new Request Form and receive a new approval for use of Paid COVID-19 Leave if the reason for their need for Paid COVID-19 Leave changes.

Employees must notify their agency promptly once their need for Paid COVID-19 Leave ceases.

Definitions:

Telework is an employee who is able to telework if: (a) his or her employer has work for the employee; (b) the employer permits the employee to work from the employee's location; and (c) there are no extenuating circumstances (such as serious COVID-19 symptoms) that prevent the employee from performing that work.

Child is your own child under the age of 14, which includes your biological, adopted, or foster child, your stepchild, a legal ward, or a child for whom you are standing *in loco parentis* – someone with day-to-day responsibilities to care for or financially support a child. A child is also an adult son or daughter (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability and (2) is incapable of self-care because of that disability.

Child Care Provider means 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 (one individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, and in a private residence), other licensed provider of children services for compensation, a childcare provider that is 18 years of age or older who provides child care services to children who are either the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece or nephew of such provider, at the direction of the parent.

School means an elementary or secondary school.



Mississippi Band of Choctaw Indians

Emergency Paid Sick Leave (Coronavirus) Request Form

Employee Name: _____ Date: _____

Program/Dept: _____ Supervisor: _____

EPSL Leave Start Date: _____ Expected Date Return: _____

Amount of EPSL requested: _____ hours.

Emergency Paid Sick Leave (EPSL) may only be taken if an employee qualifies for one of the six (6) qualifying conditions (listed below).

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (Check the appropriate reason below):

☐ 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
• Name of government entity issuing order: _____

☐ 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
• Name of health care facility advising self-quarantine or where you were tested: _____

☐ 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
• Name of health care professional from whom seeking diagnosis: _____

☐ 4) I am caring for an individual who is subject to either number 1 or 2 above.
• Name of individual to whom providing care: _____
• Relationship to you of person to whom providing care: _____
• Name of government entity issuing order or health care provider advising self-quarantine: _____
• I wish to take intermittent leave during the following days and hours (optional):

Sun	Mon	Tue	Wed	Thur	Fri	Sat

☐ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions; and
☐ I attest that no other suitable person is available to care for my child during the requested period of leave and my child is under 15;
☐ I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

☐ I wish to take intermittent leave during the following days and hours:

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Please list the school or childcare provider closed or unavailable:

- Name and age of child: _____
- Name of school or child care provider: _____
- Will any other person be providing care for the child? _____
- If the child is older than 14 and needs care during daylight hours, please explain the special circumstances that exist requiring you to provide care during those times:

☐ 6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.

I acknowledge the above information and all other information, otherwise given to me pertaining to the Families First Coronavirus Act, including Emergency Paid Sick Leave ("EPSL"). The information, is **True, Complete, and NOT Misleading or FALSE STATEMENTS**. If found to be, it may result in sufficient cause for denial of leave and/or disciplinary action.

Employee Signature: _____

Date: _____

SUPERVISOR APPROVAL

() Approved () Disapproved

Supervisor Signature: _____

Date: _____

TO BE COMPLETED BY HUMAN RESOURCES

Leave is: ____ Approved ____ Denied for the following reason(s):

Request approved/denied by: _____ Date: _____
HR Director or Designee

Total number of hours approved: _____