

Return to:
Cumberland County Human Resources
Attn: John Holmes
117 Dick Street
Fayetteville, NC 28301
Fax: 910-678-7659

If you have any questions or need
any assistance please call
910-678-7656

Thank you.

Emergency Paid Sick Leave Request Form



Employee Name _____

Employee ID# _____

Department _____

For the reason(s) checked below I am unable to work or to do remote work. In accordance with the Emergency Paid Sick Leave Act created under Federal law effective April 1, 2020 related to COVID-19 (Coronavirus), I request EPSL for the following reason(s):

- I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of the government entity that issued the quarantine or isolation order to which the employee is subject:

- I have been advised to self-quarantine by a healthcare provider due to a positive test result or exposure to COVID-19 or I am high risk of complications from COVID-19.

Name and address of healthcare provider advising self-quarantine:

- I have symptoms related to COVID-19 and am seeking a medical diagnosis.

Name and address of healthcare provider seeking medical diagnosis:

- I am caring for an immediate family member, roommate or similar person that I have a similar relationship that is subject to a federal, state, or local quarantine or isolation order related to COVID-19 or who has been advised to by their healthcare provider to self-quarantine for COVID-19 related reasons.

Name and Relationship:

Name and address of the government entity that issued the quarantine or isolation order or the health care provider who advised the individual to self-quarantine:

- I am caring for my child because my child's school or childcare provider has been closed or is unavailable due to COVID-19 reasons. (Attach printed website or email, or provide other proof related to closing)

Name and age of the child or children:

Name of school or childcare provider that is closed or is unavailable:

continued next page

Please choose one:

- I will be out of work on an ongoing basis beginning on _____ and am requesting to use EPSL leave starting on this day with an end date of _____. If requesting due to lack of childcare, I certify that no other suitable person will be caring for my child during the period for which I am requesting EPSL.

Employee Signature: _____ Date _____

- I will have an intermittent need and am requesting an altered work schedule. My intermittent work schedule and use of EPSL leave begins on _____ with an estimated end date of _____. My intermittent schedule has been discussed with and agreed upon by my department head. If for childcare, I certify that no other suitable person will be caring for my child during the period for which I am requesting EPSL.

Employee Signature: _____ Date _____

Department Head Signature: _____ Date: _____

Upon completion, please email to web.hr@co.cumberland.nc.us or fax to (910) 678-7659.

EMPLOYER DETERMINATION

Employee is:

- Eligible for Emergency Paid Sick Leave effective: _____ and is entitled to be paid through _____.

- NOT eligible for Emergency Paid Sick Leave. Reason: _____
_____.

HR Signature: _____ Date: _____