



## COVID-19 EMERGENCY PAID LEAVE REQUEST FORM

### PRIVACY ACT STATEMENT

USAID furnishes the following statement to individuals supplying information in connection with an application for COVID-19 Emergency Paid Leave as required by the Privacy Act of 1974, as amended, 5 U.S.C. § 552a (e) (3).

**AUTHORITY:** Section 4001 of the American Rescue Plan of 2021 “Act.”

**PURPOSE:** USAID collects this information for use in determining whether individuals are qualified for COVID-19 Emergency Paid Leave under Section 4001 of the American Rescue Plan.

**ROUTINE USES:** The information provided will be used to ensure that emergency funds are awarded to employees who meet the criteria for emergency paid leave for COVID-19 related absences as defined by the “Act.” In addition, records may be shared with other federal agencies, as appropriate, in connection with the administration of federal employee benefits and verification of an employee’s eligibility to participate in employee benefit programs. Records may also be disclosed in connection with judicial or administrative litigation to which the records are relevant; in response to a subpoena issued by another federal agency or tribunal. For a complete description of the routine uses, please consult the [USAID-16: Employee, Time, Attendance, and Payroll System of Records Notice](#).

**DISCLOSURE:** Providing the information requested on this form is voluntary. However, if you decide not to complete this form, USAID will not be able to determine whether you meet the criteria for emergency paid leave, resulting in a denial of the request.

### SECTION 1 - ADMINISTRATIVE DATA

1. EMPLOYEE NAME (*Last, First, MI*)

2. PHONE NUMBER

3. EMAIL ADDRESS

4. ASSIGNED BUREAU, OFFICE, OR POST

### SECTION 2 - COVID-19 EMERGENCY PAID LEAVE QUALIFYING CONDITION(S)

5. Select the qualifying condition(s) that prevents the employee from working (to include teleworking):

1	Subject to a 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 qualifying circumstances 1 or 2

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 who has a "mental or physical disability," or who is 55 years of age or older, and 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 precautions and conditions. See notes section below for definitions associated with this qualifying circumstance.
8	Obtaining immunization related to COVID-19 or recovering from any injury, disability, illness, or condition related to such immunization

Definitions for qualifying circumstance 7:

The term "mental or physical disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, based on the definitions in 29 CFR 1630.2 (h), (i) and (j).

The term "incapable of self-care" means that the person requires active assistance or supervision to provide daily self-care in three or more of the "activities of daily living" (ADL's) or "instrumental activities of daily living" (IADL's). Activities of daily living include adaptive activities such as caring appropriately for one's grooming and hygiene, bathing, dressing, and eating. Instrumental activities of living include cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using the telephones and directories, using a post office, etc.

### SECTION 3 - REQUIRED SUPPORTING DOCUMENTATION

6. Submit the required documentation in connection with each identified qualifying circumstance, as applicable, for which the employee is requesting EPL. The written explanations required below should only state the name of the family member and general information surrounding the circumstances. Do not include or attach any medical documents or statements. Do not explain or describe any underlying medical diagnosis, conditions, or disabilities.

Qualifying Circumstance	Insert ✓ if completed	Nature of the Documentation	Instructions
#1		The governmental quarantine or isolation order applicable to the employee	Attach the order or provide the web address here:
#2		The name of the health care provider who advised the employee to self-quarantine due to COVID-19	Provide the name of here:

#3		The governmental quarantine or isolation order applicable to the employee	Attach the order or provide the web address here:
		If applicable, the name of the health care provider who advised the individual to self-quarantine due to concerns related to COVID-19	Provide the name here:
#4		Generally, no documentation is required	N/A
#5		The name of the son or daughter being cared for	Provide the name here:
		The name of the school, place of care, or child care provider and a brief description of the situation	Provide the information here:
		A written explanation regarding why the employee's circumstances (e.g., ages, number of children, special needs of children, lack of other adults in the home) that make the employee unable to work during the hours of requested leave	Provide the general written explanation here:
#6		Documentation requirements should be requested through hr-helpdesk@usaid.gov	N/A
#7		If applicable, the name of the family member with a mental or physical disability is required.	Provide the name here:
		If applicable, the name and age of the family member that is 55 years or older and unable to provide self care	Provide the name here:
		A written explanation describing why the employee's care responsibilities make the employee unable to work during the requested hours of leave	Provide the general explanation here:

#8		Generally no documentation is required	N/A
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NOTE: In addition to the above generally required documentation requirements, supervisors are authorized to request supplemental information, explanations, or certifications from an employee if there is reason to believe that EPL is not being used appropriately. Once an employee has met the generally required documentation requirements described above, supervisors may grant conditional approval of EPL. However, supervisors may deny EPL based on a determination that an employee's justification for the leave is not supported by the documents submitted or any other available facts. If supervisors question the validity or adequacy of the employee's justification, the employee must have an opportunity to provide documentation or further supplement their response before EPL is denied. Supervisors may conditionally approve use of EPL pending receipt of supplemental documentation and other information as required under the first sentence of this note; however, supervisors must ensure that the employee understands their obligations to resolve the overpayment of leave if the final decision is to deny the leave.

## SECTION 4 - EMPLOYEE CERTIFICATION

Instructions: Separate requests are required for each pay period for which an employee is requesting conditional approval of EPL. Employees must provide the specific pay period and the dates within the specified pay period that they are requesting conditional approval of EPL. Employees are reminded that conditionally approved EPL may only be used to the point that the employee's gross pay for the EPL hours does not exceed \$2,800 per pay period. For more information on the bi-weekly pay limit and the aggregate limit on EPL hours see the USAID COVID-19 Emergency Paid Leave Implementing Guidance.

7. Pay Period Associated with this EPL Request:

8. Dates	Anticipated	Do you plan to use EPL intermittently during this pay period? Yes No
EPL Start Date		Remarks (describe your intermittent use plan for this pay period):
EPL End Date		
Total Number of Hours		

9. 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 SIGNATURE	DATE
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**SECTION 5 - SUPERVISOR APPROVAL**

10. SUPERVISOR'S ACTION (select one below)  <input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	10. SUPERVISOR'S SIGNATURE	11. DATE
	Remarks (provide remarks for all disapprovals)	