

Documentation Required to Support a Leave Request

The Emergency Paid Sick Leave Act (EPLSA) and/or the Emergency Family Medical Leave Expansion Act (EFMLEA)

Last Updated: July 6, 2020, 4:30 PM

Please note, when requesting **Emergency Paid Sick Leave or Expanded Family and Medical Leave**, each qualifying reason requires additional documentation.

If you are requesting leave **to care for your child/children under age 18 whose school or place of care is closed or child care provider is unavailable due to a COVID-19 related reason; or to provide care for your child/children age 18 or older with a disability and cannot care for themselves due to that disability, whose school or place of care is closed or child care provider is unavailable due to a COVID-19 related reason**, you must also provide the following:

- A statement that you are unable to work or telework because of one of the above reasons
- The name and age of the child (or children) to be cared for
- The name of the school that has closed or place of care that is unavailable
- A representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave
- With respect to the employee's inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the employee to provide care.

If you are requesting leave because **you are subject to a Federal, State, or Local quarantine or isolation order related to COVID-19; or have been advised by a health care provider to self-quarantine related to COVID-19; or are caring for an individual who is subject to Federal, State, or Local quarantine or isolation order related to COVID-19; or has been advised by a health care provider to self-quarantine related to COVID-19; or you are experiencing COVID-19 symptoms and are seeking a medical diagnosis**, you must also provide the following:

- A statement that you are unable to work or telework because of one of the above reasons
- If the person subject to quarantine or advised to self-quarantine is not the employee, that person's name and relation to the employee; and
- The name of the governmental entity ordering the quarantine or isolation; or
- The name of the health care professional who gave the advice

If you are requesting leave because **you have been diagnosed with COVID-19; or you are experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services (note, at this time, the U.S. Department of Health and Human Services has not yet identified any "substantially similar condition" that would allow an employee to take paid sick leave)**, you must also provide the following:

- A statement that you are unable to work or telework because of one of the above reasons
- Certification of Health Care Provider for Employee's Serious Health Condition (WH-380-E)
<https://humanresources.vermont.gov/benefits-wellness/leave/family-medical-leave>

Documentation Required to Support a Leave Request

The Emergency Paid Sick Leave Act (EPLSA) and/or the Emergency Family Medical Leave Expansion Act (EFMLEA)

Last Updated: July 6, 2020, 4:30 PM

If you are requesting leave because **you are caring for an individual who has been diagnosed with COVID-19; or who is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services** (*note, at this time, the U.S. Department of Health and Human Services has not yet identified any “substantially similar condition” that would allow an employee to take paid sick leave*), you must also provide the following:

- A statement that you are unable to work or telework because of one of the above reasons
- Certification of Health Care Provider for Family Member’s Serious Health Condition (WH-380-F)
<https://humanresources.vermont.gov/benefits-wellness/leave/family-medical-leave>

If you are requesting leave because **you have a serious health condition unrelated to COVID-19 which is NOT a substantially similar condition specified by the Secretary of Health and Human Services; or are caring for an immediate family member who has a serious health condition unrelated to COVID-19** you must also provide the following:

- A statement that you are unable to work or telework because of one of the above reasons
- Certification of Health Care Provider for Employee’s Serious Health Condition (WH-380-E)
<https://humanresources.vermont.gov/benefits-wellness/leave/family-medical-leave>, or
- Certification of Health Care Provider for Family Member’s Serious Health Condition (WH-380-F)
<https://humanresources.vermont.gov/benefits-wellness/leave/family-medical-leave>