

Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270



Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Administrative Office
Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Request for Leave under Attachment H of the Personnel Policy

Emergency Paid Sick Leave

Return completed form to Human Resources

Email – vsimmons@karuk.us

SECTION 1: Employee Information

Employee Name:

Employee Address:

Main Phone Number:

Secondary Phone Number:

Email Address:

Begin Date:

End Date:

If requesting leave intermittently, please provide leave needs:

I am unable to work or telecommute for the following reason(s) (Circle all that apply):

1. Employee is subject to a Federal, State, or local quarantine or isolation order related to Coronavirus
2. Employee has been advised by a health care provider to self-quarantine due to concerns related to Coronavirus.
3. Employee is experiencing coronavirus symptoms and seeking a medical diagnosis.
4. Employee is obtaining a COVID immunization.
5. Employee is recovering from a COVID immunization.
6. Employee is seeking or awaiting COVID test results or medical diagnosis because of an exposure or because the Employer has requested a test or diagnosis.
7. Employee is caring for an individual who is subject to an order as described in reason 1 or 2 above
8. Employee is caring for a child of the employee under the age of 18 because the school has been closed, or the childcare provider is unavailable, due to Coronavirus
9. 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.

The Emergency Temporary Policies Regarding the COVID-19 Pandemic provide for Emergency Paid Sick Leave (EPSL) of up to 10 days (80 hours) of limited paid sick leave for full-time employees. This is prorated for part-time employees, including part-time employees who otherwise are not eligible for accrued benefits.

All employees actively employed by the Karuk Tribe and its entities are eligible. However, please note that the Tribe may exclude Health Care Providers and Emergency Responders at its discretion.

If you are requesting Emergency Paid Sick leave based on a quarantine order or advice by a health care provider to self-isolate, you must provide the name and written decision of the governmental entity ordering quarantine or the name and written decision of the health care professional advising self-isolation:

If you are requesting Emergency Paid Sick Leave to care for someone subject to a quarantine order or self-isolation advice, please list the name of the person you are caring for and your relation to that person:

For the first six reasons listed above, eligible employees will receive 100% of regular hourly rate, with a \$511/day (\$5,110 aggregate) cap.

For the last three reasons listed above, eligible employees will receive 2/3 of regular hourly rate, with a \$200/day (\$2,000 aggregate) cap.

Employees may be allowed to use available leave time to which they qualify to make themselves “whole,” with supervisory approval. Please indicate if you choose to supplement the EPSL hours to receive your normal full pay by prioritizing in order the accruals you wish to use:

____ Vacation (____ hours)

____ Sick Time (____ hours)

____ LWOP (____ hours)

Please provide the name and age of the child(ren) for whom you need to provide care:

Please list the name of the school that has closed or place of care that is unavailable:

Will anyone else be providing care for the child(ren) during the period for which you are receiving EPSL? Yes No

If you are unable to work or telework because of the need to care for a child older than 14 during daylight hours, please explain the special circumstances that exist requiring your need to provide care:

Time Entry: When entering time on Time Sheets for EPSL please enter the amount of time for your scheduled shift (or partial shift if you are not using a full day) for that day under pay code **FFCRA-COVID**. If you are supplementing the EPSL with your own leave time to make yourself whole, Payroll will use the hours in the order as indicated above; you do not need to enter the supplemental time in on Time Sheets.

If you need to make any changes to the information submitted on this form, please complete and submit a new form.

I authorize the appointing authority to obtain any necessary information regarding my request under Tribal law and the Families First Coronavirus Response Act. During the time period of the Tribe’s Emergency Declaration, the Tribe will accept your electronic signature.

Employee Signature: _____ Date: _____

Employer Use Only

____ Your request to use Emergency Paid Sick Leave as requested on this application has been approved.

____ Your leave request is denied by Human Resources (see below for explanation).

Authorizing Signature: _____ Date: _____

If Leave is denied, a copy will be provided to the employee stating the reason(s) for the denial: