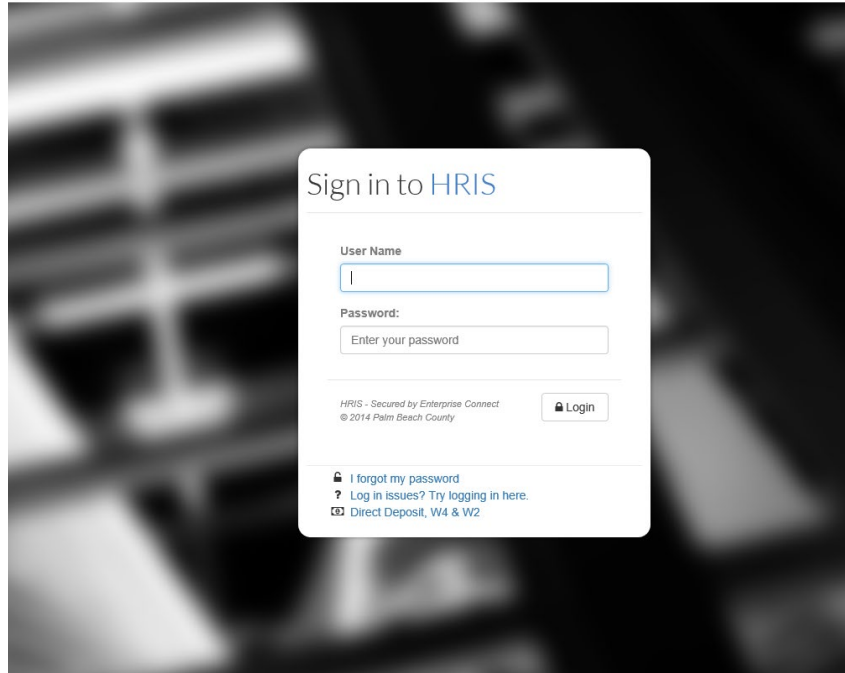**Emergency Paid Sick Leave Intake Form Demo**

How to apply for Emergency Paid Sick Leave (EPSL):

1. Access the intake form from the HRIS Home Access system which can be logged into from anywhere on any kind of device or browser available through the link:

https://secure.co.palm-beach.fl.us/hris/

2. In the HRIS Home view page, you will see a button for EMERGENCY PAID SICK LEAVE INTAKE – click on it

Emergency Paid Sick Leave Intake Form Demo

3. The Emergency EPSL Intake form screen will open. The user's information (i.e., name, employee ID, etc.) will display at the top of the form. Please enter a phone number where you can be reached in the top section.

EMPLOYEE: ▮▮▮▮▮▮▮▮	EIN: ▮▮▮▮	HOURLY RATE: ▮▮▮▮▮	PHONE:	888-221-1234 ✕
JOB TITLE: Senior Programmer	DEPARTMENT: ISS	DIVISION: ISS Application Services (APS)		HRSPERWEEK: 40

4. Following the top section there is eight questions that the user needs to respond to and a section for comments.

Group A EVENTS: SELF

1 - Are you under a Federal, State, or Local Quarantine Order related to COVID-19?
◯ YES ◯ NO

2 - Has your healthcare provider advised you to self-quarantine due to concerns related to COVID-19?
◯ YES ◯ NO

3 - Are you experiencing symptoms of COVID-19 and seeking a medical diagnosis?
◯ YES ◯ NO

Group B EVENTS: OTHERS

4 - Are you caring for an individual under a Quarantine order related to COVID-19?
◯ YES ◯ NO

5 - Are you caring for your own child due to childcare or school closures related to COVID-19?
◯ YES ◯ NO

6 - Are you experiencing symptoms otherwise specified by the Secretary of Health & Human Services?
◯ YES ◯ NO

7 - Have you applied for and received Emergency FMLA?
◯ YES ◯ NO

8 - Documentation provided?
◯ YES ◯ NO

Comments

5. The user then must attach a document before sending the intake form.

I acknowledge that I have read and understand the above information. I certify that to the best of my knowledge the informaiton I have provided on this form in truthful and accurate.

Attachments

Choose	Choose a file...	Upload

Document Name	Action

6. The document the user uploaded will display at the bottom and a DELETE button is given in case an error was made.

Document Name	Action
G:\AP12\Sharepoint\Comp & Records\EPSL Intake.pdf	Delete

7. Click on the Save Change and an email with your form and documentation attached will be sent to Human Resources/FEP at HR-FEP@pbcgov.org. Selected employee information, balances and any existing Earning Codes will be displayed.

Cancel   Save changes

Emergency Paid Sick Leave Intake Form Demo

8. The screen will return with a confirmation of your submission.

Your intake form has been successfully received

Please choose one of the options below to continue using the system

MY PROFILE 📄 or MY PAY CHECK $ EMERGENCY PAID SICK LEAVE INTAKE 📄 EMERGENCY FMLA INTAKE 📄