Monthly Employees

Following the approval of your request for leave under Federal Emergency COVID-19 Leave Programs (EPSLA and EFMLEA), please enter your leave as follows:

<table>
<thead>
<tr>
<th>EPSLA Leave Reason Selected</th>
<th>Time Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 I am subject to a federal, state, or local quarantine or isolation order related to COVID-19, other than a state or local order substantially similar to the Wisconsin “Safer at Home” order.</td>
<td>Enter Time on Timesheet: Hours and Code EMGPY</td>
</tr>
<tr>
<td>2.2 I have been advised by a health care provider to self-quarantine because of COVID-19.</td>
<td>Enter Time on Timesheet: Hours and Code EMGPY</td>
</tr>
<tr>
<td>2.3 I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.</td>
<td>Enter Time on Timesheet: Hours and Code EMGPY</td>
</tr>
<tr>
<td>2.4 I am caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine.</td>
<td>Enter Time on Timesheet: Hours and Code EMGPY</td>
</tr>
<tr>
<td>2.5 I am caring for my minor child whose school or place of care is closed, or childcare provider is unavailable due to COVID-19 precautions. For minor children over the age of 14, I have described the special circumstances requiring I provide care to my child(ren).</td>
<td>First two weeks only: Enter Time on Timesheet: Hours and Code EMGPY (If you have exhausted your EMGPY leave available, you can enter your own accrued leave time or enter leave without pay for these absences.) Subsequent weeks: Enter eFMLA on Request Absence for EFMLEA absences**</td>
</tr>
<tr>
<td>2.6 I am experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.</td>
<td>Enter Time on Timesheet: Hours and Code EMGPY</td>
</tr>
</tbody>
</table>

** Enter total eFMLA hours used, this will be used for 2/3 pay calculation. Any other leave hours entered will be paid as entered.
## Biweekly Employees

Following the approval of your request for leave under Federal Emergency COVID-19 Leave Programs (EPSLA and EFMLEA), please enter your leave as follows:

<table>
<thead>
<tr>
<th>EPSLA Leave Reason Selected</th>
<th>Time Reporting</th>
</tr>
</thead>
</table>
| 2.1 I am subject to a federal, state, or local quarantine or isolation order related to COVID-19, other than a state or local order substantially similar to the Wisconsin “Safer at Home” order. | Enter Time on Timesheet:  
Hours and Code:  
Biweekly – EMRGY  
Grad Asst (non-exempt) – EMRPY  
Fellow non-exempt - EMPAY  |
| 2.2 I have been advised by a health care provider to self-quarantine because of COVID-19. | Enter Time on Timesheet:  
Hours and Code:  
Biweekly – EMRGY  
Grad Asst (non-exempt) – EMRPY  
Fellow non-exempt - EMPAY  |
| 2.3 I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis. | Enter Time on Timesheet:  
Hours and Code:  
Biweekly – EMRGY  
Grad Asst (non-exempt) – EMRPY  
Fellow non-exempt - EMPAY  |
| 2.4 I am caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine. | Enter Time on Timesheet:  
Hours and Code:  
Biweekly – EMRGY  
Grad Asst (non-exempt) – EMRPY  
Fellow non-exempt - EMPAY  |
| 2.5 I am caring for my minor child whose school or place of care is closed, or childcare provider is unavailable due to COVID-19 precautions. For minor children over the age of 14, I have described the special circumstances requiring I provide care to my child(ren).  
First two weeks only:  
Enter Time on Timesheet:  
Hours and Code:  
Biweekly – EMRGY  
Grad Asst (non-exempt) – EMRPY  
Fellow non-exempt - EMPAY  
(If you have exhausted your EMGPY leave available, you can enter your own accrued leave time or enter leave without pay for these absences.)  
Subsequent weeks:  
Timesheet enter hours and eFMLA for EFMLEA absences **  |  |
| 2.6 I am experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury. | Enter Time on Timesheet:  
Hours and Code:  
Biweekly – EMRGY  
Grad Asst (non-exempt) – EMRPY  
Fellow non-exempt - EMPAY  |

** Enter total eFMLA hours used, this will be used for 2/3 calculation. Any other leave hours entered will be paid as entered.