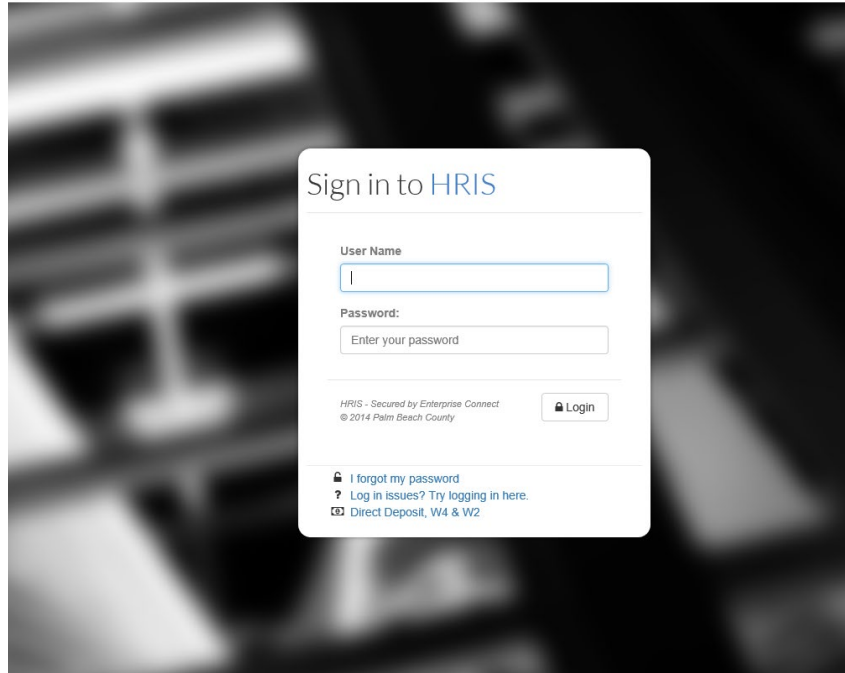


# EPSL Intake Demo for FMLA Admin

## The online process for Emergency Paid Sick Leave (EPSL):

1. Employees will complete their intake form on 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, the employee will see a button for EMERGENCY PAID SICK LEAVE INTAKE – click on it



## Welcome to HRIS Home View

Please choose one of the options below



## EPSL Intake Demo for FMLA Admin

- The EPSL Intake form screen will open. The user's information (i.e., name, employee ID, etc.) will display at the top of the form. In this top section, the user will need to enter a phone number where they can be reached.

EMPLOYEE: ██████████	EIN: ██████	HOURLY RATE: ██████	PHONE: 888-221-1234 X
JOB TITLE: Senior Programmer	DEPARTMENT: ISS	DIVISION: ISS Application Services (APS)	HRS PER WEEK: 40

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

1 - Have you been employed for 30 days or longer?  
 YES  NO

2 - Are you unable to work due to care for your child?  
 YES  NO

3 - Is your child under the age 18?  
 YES  NO

4 - Is your child's school or childcare provider unavailable due to COVID-19?  
 YES  NO

5 - Are you opting to use accrued leave to cover the 10 day unpaid period?  
 YES  NO

6 - Are you utilizing Emergency Paid Sick Leave to cover the 10 day unpaid period?  
 YES  NO

7 - How many hours are you ordinarily scheduled to work?

8 - Documentation provided?  
 YES  NO

Comments

- 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 information I have provided on this form is truthful and accurate.

Attachments

Choose a file...

Document Name	Action
---------------	--------


- 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	<input type="button" value="Delete"/>


- 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](mailto:HR-FEP@pbcgov.org). Selected employee information, balances and any existing Earning Codes will be displayed.

# EPSL Intake Demo for FMLA Admin

8. The email will arrive at the [HR-FEP@pbcov.org](mailto:HR-FEP@pbcov.org) inbox as demonstrated below:

 HDisaster Recoverycovid sick document.pdf  
 190 KB

To: Carlos Vargas <[CVargas@pbcov.org](mailto:CVargas@pbcov.org)>  
 Subject: Emergency Paid Sick Leave Intake - Labianco, Marlen



## Emergency Paid Sick Leave Intake

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EMPLOYEE: Labianco, Marlen	EIN: 1302	HOURLY RATE: 34.908	PHONE: (888) 221-1234
JOB TITLE: Senior Programmer	DEPARTMENT: ISS	DIVISION: ISS Application Services (APS)	HRS PER WEEK: 40

Group A EVENTS: SELF

1. Are you under a Federal, State, or Local Quarantine Order related to COVID-19? YES
2. Has your healthcare provider advised you to self-quarantine due to concerns related to COVID-19? NO
3. Are you experiencing symptoms of COVID-19 and seeking a medical diagnosis? NO

---

Group B EVENTS: OTHERS

4. Are you caring for an individual under a Quarantine order related to COVID-19? NO
5. Are you caring for your own child due to childcare or school closures related to COVID-19? NO
6. Are you experiencing symptoms otherwise specified by the Secretary of Health & Human Services? NO
7. Have you applied for and received Emergency FMLA? YES
8. Documentation provided? YES

COMMENTS

I am sick.

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

Labianco, Marlen 3/31/2020  
 Employee Name Date

---

Employee Signature

FOR FEP USE ONLY

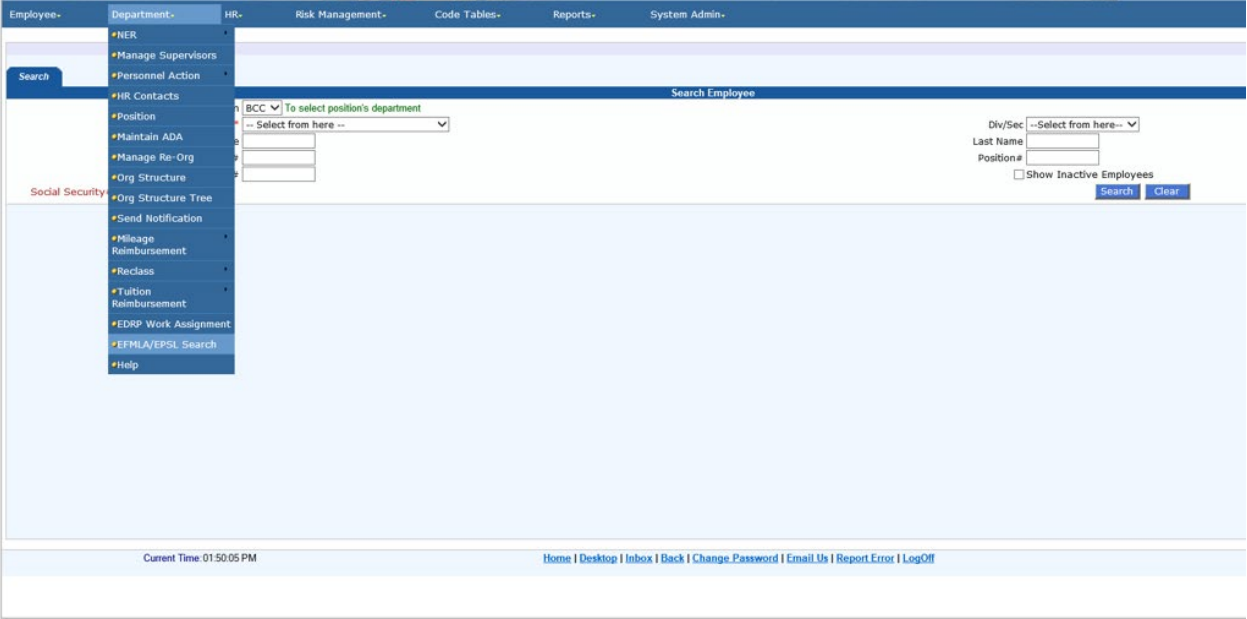
Is this position eligible for Telework:  
 YES  NO FEP STAFF Initial: \_\_\_\_\_

REQUEST:  APPROVED  DENIED

FEP STAFF: \_\_\_\_\_

9. The email will include any documentation that the user uploaded and attached.

10. The admin will also be able to search for the intake forms at the EFMLA/EPFL Search screen in HRIS. This can be found under DEPARTMENT/ EFMLA/EPFL Search.



The screenshot shows the HRIS interface with a navigation menu on the left. The 'Social Security' section is expanded, showing various options including 'EFMLA/EPFL Search'. The main area displays a search form with fields for Department, Position, Last Name, and Position #, along with a 'Search' button and a 'Show Inactive Employees' checkbox. The footer indicates the current time as 01:50:05 PM and provides navigation links like Home, Desktop, and LogOff.

## EPSL Intake Demo for FMLA Admin

11. The EFMLA/EPSSL Search will open, and one can search by either Department, division, job title, employee number, first and last name.

EFMLA / EPSSL Search

Department: Information Systems Services x

Division: ISS Application Services (APS) x

Job Title: -- Select from here --

Employee #: 1302 x

First Name: First Name

Last Name: Last Name

Search Clear

12. The results will display with the employee's information and the form type that has been received.

EFMLA/EPSSL Requests

Export To Excel Print


Employee Name	Employee #	Department	Job Title	Date Entered	EFMLA	EPSSL
[Redacted]	1302	ISS	Senior Programmer	03/31/2020	EFMLA	
	1302	ISS	Senior Programmer	03/31/2020		EPSSL
	1302	ISS	Senior Programmer	03/31/2020		EPSSL

Records per page: 10 100

Show Filter: Records: 1 - 2 of 3 - Pages: 1 2 3

13. By clicking on the link, the intake form will open in HRIS, allowing for review and printing.

# EPSL Intake Demo for FMLA Admin

 View EFMLA -- Webpage Dialog ✕

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EMERGENCY FMLA INTAKE

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EMPLOYEE: [REDACTED]	EIN: 1302	HOURLY RATE: [REDACTED]
JOB TITLE Senior Programmer	PHONE: [REDACTED]	
DEPARTMENT ISS	DIVISION ISS Application Services (APS)	HOURS WORKED PER WEEK 40

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1. Have you been employed for 30 days or longer?  
[YES](#)
2. Are you unable to work due to care for your child?  
[NO](#)
3. Is your child under the age 18?  
[NO](#)
4. Is your child's school or childcare provider unavailable due to COVID-19?  
[NO](#)
5. Are you opting to use accrued leave to cover the 10 day unpaid period?  
[YES](#)
6. Are you utilizing Emergency Paid Sick Leave to cover the 10 day unpaid period?  
[NO](#)
7. How many hours are you ordinarily scheduled to work?  
40
8. Documentation provided?  
[YES](#)

COMMENTS:  
[I want to stay home.](#)

Documents

FileName	
G:\AP12\Sharepoint\Comp & Records\EFMLA intake.pdf	<a href="#">View</a>
G:\AP12\Sharepoint\Comp & Records\EFMLA intake.pdf	<a href="#">View</a>

---

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

Employee Name: [REDACTED]      Date: 03/31/2020      Employee Signature:

---

[Print](#)   [Close](#)