

OPM Form 5058

(Fillable PDF)

**Agency Request for COVID-19
Emergency Paid Leave Reimbursement**

Document No. [OPM Use Only]:

Submission Date (mm/dd/yyyy):

American Rescue Plan Act of 2021

Form Accepted

Fully Paid

Form Not Accepted

Partially Paid

To: US Office of Personnel Management
Office of the Chief Financial Officer
1900 E Street, NW, Suite 7512
Washington, DC 20415

Submit the completed request via email to: OPMARPAServices@opm.gov*All accounting fields must be completed.***Requesting Agency**

Agency Location Code (ALC)	AID	BPOA	EPOA	A	MAIN	SUB	BETC	DUNS

Agency Point of Contact

Name:

Phone:

Email:

Agency Name:**Agency Address 1:****Agency Address 2:****Agency City, State, Zip:****Summary**

Pay Period Covered	Total Number of Covered Leave Hours	Number of Employees Using Covered Leave	Payroll Provider	Total Dollar Value of Covered Leave
Total				

Notes/Pertinent Information:

- OPM requirement is for the requesting agency to ensure that its established policies and procedures for implementing emergency paid leave follow Section 4001 of Public Law 117-2 and OPM's EPL guidance. The agency should have proper internal controls in place and maintain all necessary documentation to demonstrate compliance with Section 4001 and OPM's supporting guidance and to support its reimbursement request for audit purposes.
- Reimbursement is subject to funding availability. OPM reimbursement to the agency and the agency receipt of the reimbursement are recorded with "federal" attribute and applicable Treasury Account Fund Symbol.

Payment Method: Intra-governmental Payment and Collection (IPAC)

- OPM initiates the payment via IPAC

Authority

Section 4001 of the American Rescue Plan Act of 2021 (Public Law 117-2), enacted on March 11, 2021.

Certification of Requesting Office

I certify that the items and information listed herein are correct and proper for reimbursement under section 4001 of Public Law 117-2 and OPM's supporting guidance.

Date (mm/dd/yyyy)_____
Approving Officer Digital Signature (i.e. Chief Financial Officer or Designee)_____
Name and Position