

County of Lake Dept # _____
Office of the Auditor-Controller/County Clerk
Emergency Paid Sick Leave (EPSL) – Pay Code E3 – PROJECT CODE COVIDL
EXTRA HELP/SEASONAL/PART TIME EMPLOYEE
COVID-19 BENEFIT

To: Payroll

Employee: _____

Per the H.R. 6201 Families First Coronavirus Response Act, I am requesting the use of Emergency Paid Sick Leave up to eighty hours prorated for my part time status. This request is based on one of the following reasons:

- 1. I am subject to a federal, state or local shelter in place quarantine or isolation order related to COVID-19;
- 2. I have been advised by a health care provider to self-quarantine related to COVID-19;
- 3. I have symptoms of COVID-19 and I am seeking a diagnosis;
- 4. I am caring for an individual under quarantine due to COVID-19;
Name of health care provider who advised individual to isolate: _____
- 5. My child’s school, place of care is closed or my child care provider is unavailable due to COVID-19 related reasons; or
Name of Child: _____
Name of place of school, place of care, or child care provider closed/unavailable due to COVID-19:

AND No other suitable person is available to care for my child Yes

- 6. I am experiencing any substantially similar condition specified by the U.S. Department of Health and Human Services

I understand that availability of Emergency Paid Sick Leave (EPSL) expires on December 31, 2020, and any unused hours are not subject to cash out or payoff at termination, that I will be required to follow reasonable notice procedures for the use of all EPSL after the first workday as specified in the County Personnel Rules for reporting my absence during the first fifteen minutes of my shift, and that I am required to report my time off request via the ExecuTime timekeeping system.

I understand that Paid Emergency Sick Leave for reasons 1, 2, or 3 listed above will be at my regular rate of pay up to a maximum of \$511 per day or \$5,111 total per employee. Hours available are prorated based on my part time status.

I understand that Paid Emergency Sick Leave for reasons 4, 5, or 6 listed above is two thirds (2/3) of my normal pay, no greater than \$200 per day or \$2,000 up to eighty (80) hours. Hours available are prorated based on my part time status.

For each day I am utilizing this leave, I am responsible to report hours with code E3, based on my part time status up to the maximum allowable based on my part time status. Payment for those hours will be based on the above listed exclusions.

Employee Signature Date

I have reviewed this employee request and approve the facts as stated.

Department Head Signature Date

Payroll Use Only:

Date Code Set Up PR Deputy Initials