Dept # _____

County of Lake
Office of the Auditor-Controller/County Clerk
Essential Worker Leave (EWL) – Pay Code EW / Project Code COVIDA
COVID-19

To: Payroll

Employee: _____

Per Board of Supervisors Resolution No. 2020-34 as amended by Resolution No. 2020-44, I am requesting Essential Worker Leave (EWL) of eighty (80) hours, prorated for permanent part-time employees, to recognize dedication exhibited during the COVID-19 disaster.

I certify that I have worked continuously during the COVID-19 disaster as an essential worker outlined by the State Public Health Officer "Essential Critical Infrastructure Workers during COVID-19 Response."

I certify that I have not used Emergency Paid Sick Leave (EPSL) or Paid Public Health Emergency Leave (PHEL) during the COVID-19 disaster and certify that I understand any EWL hours provided to me shall be adjusted for any future use of EPSL or PHEL used from the time of receipt of EWL hours through 12/31/2020.

I understand that EWL is a replacement for the federally mandated hours and is equal to the number of hours mandated for EPSL and does not increase those hours greater than the maximum federally mandated EPSL hours.

I understand hours received must be used by June 30, 2021, or upon termination, whichever is sooner, at which time any unused balance up to a maximum of forty (40) hours shall be paid out at my rate of pay on March 9, 2020, and that any remaining unused balance shall be forfeited.

_____ _____

Employee Signature Date

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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 Rate of Pay - March 9, 2020