



Currituck County Families First Coronavirus Response Act (FFCRA)

Emergency Paid Sick Leave Act Application

In accordance with Currituck County's policy on Emergency Paid Sick Leave and the Emergency Family Leave Expansion Act, which went effect April 1, 2020, I hereby apply for **Emergency Paid Sick Leave** for the following reason:

- ☐ 1. I am subject to a federal, state or local quarantine or isolation order related to COVID-19;
- ☐ 2. I have been advised by my healthcare provider to self-quarantine because I am infected with or have been exposed to COVID-19 or because I am at high risk of complications from COVID-19;
- ☐ 3. I am showing symptoms of COVID-19 and am seeking, but have not yet received, a medical diagnosis;
- ☐ 4. I am caring for someone subject to a federal, state or local quarantine or isolation order related to COVID-19 or who has been advised by their healthcare professional to self-quarantine for COVID-19 related reasons;
- ☐ 5. I am caring for my minor son or daughter who is younger than age 18, because their school and/or day care is closed or the childcare provider is no longer available because of a COVID-19 related reason (proof related to closing is required.)
- ☐ 6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and Secretary of Labor.

I am requesting this **Emergency Paid Sick Leave** effective:_____.

By signing below, I understand and acknowledge all of the following:

1. **Emergency Paid Sick Leave** will pay me up to 80 hours (up to 84 hours for Public Safety and up to 112 for Fire) of my regular rate of pay according to the following reasons:
Reasons 1 – 6 As Shown Above – 100% of my regular rate of pay.
2. It is solely my responsibility to complete the necessary documentation as required by the Human Resources Department in order to certify my need for Emergency Paid Sick Leave. This is confidential HIPAA protected information and will be treated as such:

Documentation needed for Child Care/School Closing:

Your name;

The date(s) for which you request leave;

The reason for leave;

The name of your child;

The name of the school, place of care, or child care provider that has closed or become unavailable; and
a statement that no other suitable person is available to care for your child.

In addition to the above information, you must also provide Currituck County written documentation in support of your paid sick leave as specified in applicable IRS forms, instructions, and information.

A statement that you are unable to work because of the above reason.

Other documentation for Medical Reasons. If you request leave because you are subject to a quarantine or isolation order or to care for an individual subject to such an order, you should additionally provide the name of the government entity that issued the order. If you request leave to self-quarantine based on the advice of a health care provider or to care for an individual who is self-quarantining based on such advice, you should additionally provide the name of the health care provider who gave advice. You may be asked to give a date for your medical appointment and/or test and and/or any symptoms you are experiencing. A statement that you are unable to work because of these reasons is also needed. For clarification purposes #3 reason listed above means: has any

one of fever, dry cough, shortness of breath, or any other symptom subsequently identified at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>; and the employee is taking “affirmative steps” to get a diagnosis.

3. I CANNOT supplement **Emergency Paid Sick Leave** with accrued leave of any kind.
4. Emergency Paid Sick Leave time will count towards my FMLA entitlement of 12 weeks in a 12-month period measured forward from the date of my first use of FMLA leave for all FMLA qualified reasons.
5. Emergency Paid Sick Leave may be taken intermittently only for Reason 5 shown above. I will coordinate my work and Emergency Paid Sick Leave schedule with my immediate supervisor. I am responsible for clearly noting my Emergency Paid Sick Leave time and my hours of work, if any, on my time sheet.
6. The employment tax provisions of the FFCRA are found in the legislation. Currituck County complies with these rules.
7. All other provisions of the Currituck County FMLA policy apply.
8. This policy is in effect for as long as a federal, state or local COVID-19 state of emergency is in effect, and in any event only through December 31, 2020.
9. My request for Emergency Paid Sick Leave is conditionally approved. Human Resources will write to me further regarding any clarification needed on my application and my approval status.

Name: _____ Signature: _____

Date Signed: _____ Phone Number : _____

ED: 04/01/2020