



For employees in AFSCME, SEIU, CNA, UAPD (including limited-term and extra-help employees)

EMPLOYEE INFORMATION

Name: Employee ID #: Phone:

Department: Division:

REASON FOR EMERGENCY COVID-19 SICK LEAVE REQUEST & ABSENCE DATES

All Employees in (Permanent, Limited Term and Extra-Help) will receive up to 80 hours of Emergency COVID-19 Paid Sick Leave to be used for one of the six reasons defined below to address the Public Health Emergency from April 1, 2020 to December 31, 2020. Part time employees will receive a pro-rated amount based on average hours worked.

I am requesting Emergency COVID-19 Paid Sick Leave for the following reason(s):

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. \*
I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. \*
I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. \*
I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19 \*\*
I am caring for my child (under 18 years of age or an adult with a mental or physical disability who is incapable of self-care because of that disability) whose school or place of care has been closed, or the child's child-care provider is unavailable, due to COVID-19 precautions. \*\*
I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. \*\*

AFSCME, SEIU, CNA, UAPD Members:

\* Subject to a cap of \$511 per day and \$5,110 total aggregate

\*\* The rate will be reduced to 2/3's of the employee's regular rate of pay subject to a cap of \$200 per day and \$2,000 total aggregate

Absence Dates: From: To:

PAY STATUS DURING THE LEAVE:

I request:

- To Supplement Emergency Sick Leave (up to 80 hours) NOT to Supplement Emergency Paid Sick Leave

To Supplement Emergency Sick Leave: Identify the number of hours you wish to use AND the priority in which you wish to use your hours. For example, for two weeks off you can enter 40 hours vacation and 40 hours of Comp time. Put a #1 priority for Vacation and #2 priority for Comp Time. By "prioritizing" you will exhaust all time in the order preferred, if applicable. Please feel free to call your Payroll Specialist for assistance.

Table with 8 columns: Code, Description, Hours, Priority, Code, Description, Hours, Priority. Rows include Sick Leave, Leave w/o Pay, Vacation Hours, Comp/Admin Hours, and Holiday Hours.

ACKNOWLEDGEMENT

I CERTIFY THAT MY ABSENCE REQUEST IS FOR THE COVID-19 RELATED REASON STATED ON THIS FAMILIES FIRST CORONAVIRUS RESPONSE ACT EMERGENCY PAID SICK LEAVE (COVID-19) FORM.

I UNDERSTAND THAT LEAVE TAKEN AS A RESULT OF THE COVID-19 PUBLIC HEALTH CRISIS FOR WHICH I RECEIVE PAID LEAVE UNDER THE FFCRA OR COUNTY POLICY WILL BE COUNTED AGAINST MY ENTITLEMENTS. I ALSO UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ABOUT MY ABSENCE WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

Signature: Date: