

## Families First Coronavirus Response Act (FFCRA) Emergency Paid Sick Leave Act Application

In accordance with the Harnett County Personnel Policy and COVID-19 Policy, which goes into 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:

**Emergency Paid Sick Leave** will pay me up to 80 hours according to the following reasons:

Reasons 1 – 3 As Shown Above – 100% of my regular rate of pay, capped at \$511/day or \$5,110 aggregate

Reasons 4 – 6 As Shown Above - 2/3 of my regular rate of pay (66.67%) capped at \$200/day or \$2,000 aggregate

1. It is solely my responsibility to complete the necessary Certification of a Healthcare Professional or provide other like documentation either in person or by email to Human Resources at [amclamb@harnett.org](mailto:amclamb@harnett.org), in order to certify my need for Emergency Paid Sick Leave. This is confidential HIPAA protected information and will be treated as such.
2. I CANNOT supplement **Emergency Paid Sick Leave** with accrued leave of any kind.
3. **If I elect to use Emergency Paid Sick Leave during FMLA, Emergency Paid Sick Leave time will count towards my FMLA entitlement of 12 weeks in a rolling 12-month period for all FMLA qualified reasons.**
4. **I understand that Emergency Paid Sick Leave cannot be taken intermittently and must be taken in full-day increments if the leave is being taken due to reasons 1,2,3,4, and 6, shown above.**
5. **I understand that Emergency Paid Sick Leave can be taken intermittently and in less than full-day increments if an employee is taking Emergency Paid Sick Leave for Reason 5, shown above.**
6. **I understand that Emergency Paid Sick Leave can be taken intermittently and in less than full day increments while an employee is teleworking for any of the qualifying reason under FFCRA, reasons 1-6 shown above.**
7. **If Emergency Paid Sick Leave is to be taken intermittently, 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 timecard.**
8. The employment tax provisions of the FFCRA are found in the legislation. The County will comply with these rules.
9. All other provisions of the Harnett County Personnel Ordinance and COVID-19 Policy apply.
10. Emergency Paid Sick Leave 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.
11. I understand that Human Resources will contact me regarding any clarification needed on my application and my approval status.

Employee Name (Please Print)	Employee Signature	Phone Number	Date
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Department Director Name (Please Print)	Department Director Signature	Phone Number	Date
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