

ESL/EFMLA FORM

Employer Hertford County **Employee Name** Please type name here

In accordance with the emergency leave created under federal law effective April 2, 2020 related to COVID-19 (Coronavirus), I am unable to work from home and request the following leave for the following reason(s):

Emergency Sick Leave

- I am subject to a federal, state, or local quarantine or isolation order
- I have been advised to self-quarantine by my healthcare provider (note attached) because I am infected with or have been exposed to COVID-19 or because I am at high risk of complications from COVID-19.

Emergency FMLA

- I am showing symptoms of COVID-19 and seeking but have not yet received a medical diagnosis. (note attached)

First 10 days

ESL RL

- 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 provider to self-quarantine for COVID-19 related reasons. (note attached)
- I am caring for my son or daughter because their school and/or childcare facility is closed (print website or email, or provide other proof related to closing) or the childcare provider is no longer available because of a COVID-19 related reason. (provide details of childcare arrangement)

Signature: _____

Date Submitted: _____

* *ESL-Emergency Sick Leave*

EFMLA-Emergency Family Medical Leave

RL-Regular Leave

EMPLOYER DETERMINATION

ESL: Employee is NOT eligible for Emergency Sick Leave
 eligible for Emergency Sick Leave effective: _____ and is entitled to be paid:
 100% of their average pre-leave compensation (up to \$511 per day)
 66.7% of their average pre-leave compensation (up to \$200 per day)

EFMLA: Employee is eligible for Emergency FMLA effective: _____, entitled to be paid 66.7% of their pre-leave compensation up to \$200/day
 NOT eligible for Emergency FMLA due to employment less than 30 days

Employee is not eligible for benefits under ESL/EFMLA since leave is due to:
 Employee's position deemed essential as medical provider or emergency responder
 Employer exempt under exception granted _____
 Employee was laid off/furloughed effective _____
 Other: _____

Signature: _____

Date: _____