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):

☐ 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.

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

☐ 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: ________________________________