



COVID-19 Personnel Leave Request Form - 2021

Employee Information

First Name:		Last Name:	
Employee Number:		Department:	
Employee Address: (City, State, Zip)			
Phone Number		Email	
Anticipated Begin Date:		Anticipated End Date:	

Please indicate the reason for your requested leave by checking the box below:

I am unable to work or telework for the following reason(s) (Check all applicable)

- (1) Employee is subject to a Federal, State, or local quarantine or isolation order related to coronavirus
- (2) Employee has been advised by a health care provider to self-quarantine due to concerns related to coronavirus
- (3) Employee is experiencing coronavirus symptoms and seeking a medical diagnosis
- (4) Employee is caring for an individual who is subject to an order as described in reason (1) or has been advised as described in reason (2) above
- (5) Employee is caring for son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to the coronavirus
- (6) Employee is 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.

Please select the leave option or option(s) you want to request below.

Emergency Family and Medical Leave - Option 2 Timeline for usage of accruals below = 1/1/2021 – 3/31/2021

This leave is available for employees who have worked 30 calendar days and are caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to coronavirus. Health care providers and emergency responders are excluded.

Employees receive up to 12-weeks protected leave. The first 10 work days off will be unpaid, unless employees choose to substitute their own accruals to supplement their pay.

After the 10th unpaid work day, the employee will be eligible for pay from the County equal to 2/3 of the employee's regular rate of pay for the remainder of the available Option 2 leave associated with the qualifying COVID-19 reason, not to exceed a daily cap of \$200 or aggregate cap of \$10,000 per person.

Please indicate the priority and number of hours you plan to use DURING the first 10 days of your leave:

- Vacation _____ hours
- Sick Leave _____ hours
- Floating Holiday _____ hours
- Comp Time _____ hours
- Leave Without Pay _____ hours
- EPSLA from Option 3 _____ hours

Please indicate the priority and number of hours you plan to use AFTER the first 10 days of your leave:

- Vacation _____ hours
- Sick Leave _____ hours
- Floating Holiday _____ hours
- Comp Time _____ hours
- Leave Without Pay _____ hours
- EPSLA from Option 3 _____ hours

Emergency Paid Sick Leave - Option 3

Timeline for usage of accruals below = 1/1/2021 – 3/31/2021

The Emergency Paid Sick Leave Option 3 provides 10 days (80 hours) of limited paid sick leave benefit for full-time employees. This is prorated for part-time employee.

All employees actively employed by Monroe County are eligible, with the exclusion of health care providers and emergency first responders.

Eligible employees will receive 100% of regular hourly rate, with a \$511/day (\$5,110 aggregate) cap for the next 3 options:

- (1) Employee is subject to a Federal, State, or local quarantine or isolation order related to coronavirus
- (2) Employee has been advised by a health care provider to self-quarantine due to concerns related to coronavirus
- (3) Employee is experiencing coronavirus symptoms and seeking a medical diagnosis

Eligible employees will receive 2/3 of regular hourly rate, with a \$200/day (\$2,000 aggregate) cap for the next 3 options:

- (4) Employee is caring for an individual who is subject to an order as described in reason (1) or has been advised as described in reason (2) above
- (5) Employee is caring for son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to the coronavirus
- (6) Employee is 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.

Certification of Leave Request and Authorization

I authorize the appointing authority to obtain any necessary information regarding my request under the Families First Coronavirus Response Act.

Employee Signature: _____ Date: _____

Department Head Acknowledgement of Leave Request

Department Head Signature: _____ Date: _____

Below this line is for Personnel Department Use ONLY

Leave Request is:

- Approved
- Denied

Authorizing Signature: _____ Date: _____

Approval details if needed or denial reason: