



DOUGLAS COUNTY

Human Resources and Benefits

402-444-6188

DouglasCounty-NE.gov

**Families First Coronavirus Response Act (FFCRA)
EMERGENCY PAID SICK LEAVE APPLICATION**

Employee Name	Employee ID Number	Date
Job Title	Supervisor	Department
Leave Start Date	Leave End Date	Total Hours Requested

I certify that am unable to work (or telework) for the following reason:

- I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working. Name of the government entity issuing the order: _____
- I have been **advised by a healthcare provider to self-quarantine** due to concerns related to COVID-19. Name of the advising healthcare provider: _____
- I have **symptoms of COVID-19** and am seeking (or have sought) testing/diagnosis.
- I am **caring for another individual** who is subject to ordered quarantine/isolation or has been advised by a healthcare provider to self-quarantine due to COVID-19. Name of person/relationship: _____
_____. Name of healthcare provider: _____ **OR**
Name of the government entity issuing the order: _____
- I am caring for a child(ren) because the school or place of care has been closed, or the childcare provider is unavailable due to COVID-19 precautions. (D.O.B. of each child) _____.
If the child is older than 14 years of age, do special circumstances exist that require you to provide care for the child? Yes No
I certify that no other suitable person is available to care for the child(ren) during the requested leave.
- I am experiencing **other conditions substantially similar** to COVID-19 as specified by the Department of Health and Human Services.

I understand EPSL will be paid at my regular rate of pay, or minimum wage, whichever is greater and is subject to a cap of \$511 per day if requesting for the reasons 1-3 and a cap of \$200 per day if taken for reasons 4 - 6. (See Civil Service Personnel Rule)

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

Employee Signature: _____ Date: _____