



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
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 health care provider to self-quarantine** because of concerns related to COVID-19. Name of the advising healthcare provider: _____
- I have **symptoms of COVID-19** and seeking (or have sought) testing/diagnosis.
- I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19. Name of person I am caring for and our relationship: _____
 _____ (if dependent, include D.O.B.) _____
 Name of the government entity issuing the order: _____
- OR**
 Name of the advising healthcare provider: _____
- 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 the 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 and 5. (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: _____

For processing, email to DCBenefitsteam@douglascounty-ne.gov or fax to 402-444-6678.