

**City of Raleigh**  
**Families First Coronavirus Response Act (FFCRA)**  
**Emergency Paid Sick Leave Application**

**Employee Information**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Qualifying Reason for Leave**

- ☐ (1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- ☐ (2) I have been advised by a health care provider to self-quarantine related to COVID-19;
- ☐ (3) I am experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- ☐ (4) I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
- ☐ (5) I am caring for a son or daughter whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19. Please provide the name of the school/daycare/childcare provider: \_\_\_\_\_; or
- ☐ (5a) I am caring for a son or daughter whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19. I directly support the COVID-19 crisis and I am eligible for COVID-19 premium pay. I elect the alternative to EPSL by enrolling my K-8<sup>th</sup> grade child(ren), in the City of Raleigh, Parks, Recreation and Cultural Resources Department Families First Day Camp.
- ☐ (6) I am experiencing any other substantially-similar condition to be specified by the federal government.  
Please Describe: \_\_\_\_\_

**Requested Leave Dates**

Start Date of Leave: \_\_\_\_\_ Last Day of Leave: \_\_\_\_\_

If this is an intermittent leave request (e.g., certain days, partial days), please describe:

\_\_\_\_\_

**NOTE:** Intermittent leave is available only in limited circumstances.

**Emergency Paid Sick Leave**

- Emergency Paid Sick Leave will pay up to 80 hours of the regular rate of pay according to the following reasons:
  - Reason 1-3 As Shown Above- 100% of my regular rate of pay, capped at \$511/day or \$5,110 aggregate.
  - Reason 4, 5 and 6 As Shown Above-2/3 of my regular rate of pay (66.67%) capped at \$200/day or \$2,000 aggregate.
- Emergency Paid Sick Leave cannot be supplemented with accrued leave of any kind.
- This policy is in effect for as long as a federal, state or local COVID-19 state of emergency is in effect, and in any event only through December 31, 2020.

- This form and all supporting documentation should be returned by email to [benefitsadministration@raleighnc.gov](mailto:benefitsadministration@raleighnc.gov).

### Documentation Required

The following documentation to support the need for the leave is required.

Reason 1 As Shown Above-You must include a copy of the applicable Federal, State or local quarantine or isolation order related to COVID-19 which contains the name of the government entity that issued the quarantine or isolation order.

Reason 2-3 As Shown Above- Written documentation by a health care provider advising you to self-quarantine due to concerns related to COVID-19 that contains the health care providers name.

Reason 4 As Shown Above: You must include a copy of the applicable Federal, State or local quarantine or isolation order related to COVID-19 to which the individual being cared for is subject, that contains the name of the government entity that issued the quarantine or isolation order; written documentation advising the person you are caring for to self-quarantine due to concerns related to COVID-19 that contains the health care providers name.

Reason 5 As Shown Above-The name of the son or daughter being cared for, the name of the school, place of care or child care provider that has closed or become unavailable, and, an attestation that no other suitable person will be caring for your son or daughter during the period for which you take Paid Sick Leave.

Reason 6 As Shown Above- Written documentation by a health care provider advising you to self-quarantine due to any other substantially-similar condition, specified by the federal government that names the condition and contains the health care providers name.

**NOTE:** Stay-at-Home orders do not typically qualify an employee for Emergency Paid Sick Leave.

### Employee Signature

By submitting this request for Emergency Paid Sick Leave, I am confirming that I am unable to work, including telework, for the reason(s) checked above or I am eligible for the Families First Day Camp because I directly support the COVID-19 crisis and I am eligible for COVID-19 premium pay. I understand that falsifying information related to this request is subject to disciplinary action.

**Employee Signature (Typed or Written):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

### For Use By Human Resources Only

☐ Approved ☐ Approved with modifications to request ☐ Denied

Modifications, if any:

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