

COVID-19 Leave of Absence/Modified Work Schedule/Alternate Work Location

Name _____ Date _____

Hire Date _____ Department _____

FMLA Status _____ FMLA Hours Avail at Start _____

EPSL Qualifications – start 3/16/2020

1. Subject to a Federal, State or local quarantine or isolation order related to COVID-19

Documentation: Quarantine or isolation order

EPSL Paid at: Regular rate of pay, up to \$511/day

Maximum EPSL leave time: 80 hours **After ESPL:** Sick, Vacation, Comp; Unpaid

FMLA Protected: Yes – 12 weeks total for a rolling 12-month period; eligible for donated leave

Isolation Incident Date: _____ Return to work eligible: _____

Notice to Supervisor (name/date/method) _____

2. Have been advised by a health care provider to self-quarantine related to COVID-19.

Documentation: Name of Health Care provider, doctor's note

ESPL Paid at: Regular rate of pay, up to \$511/day

Maximum EPSL leave time: 80 hours **After ESPL:** Sick, Vacation, Comp; Unpaid

FMLA Protected: Yes – 12 weeks total for a rolling 12-month period; eligible for donated leave

Healthcare Appt Date: _____ Return to work eligible: _____

Notice to Supervisor (name/date/method) _____

3. Experiencing COVID-19 symptoms and is seeking a medical diagnosis.

Documentation: Proof of medical consultation

EPSL Paid at: Regular rate of pay, up to \$511/day

Maximum EPSL leave time: 80 hours **After ESPL:** Sick, Vacation, Comp; Unpaid

FMLA Protected: Yes – 12 weeks total for a rolling 12-month period; eligible for donated leave

Notice to Supervisor (name/date/method) _____

4. Caring for an individual subject to an order described in (1) or self-quarantine as described in (2).

Documentation: Quarantine or isolation order, name of health care provider

EPSL Paid at: 2/3 regular rate of pay, up to \$200/day Agree to 2/3 pay Supplement with paid leave

Maximum EPSL leave time: 80 hours **After ESPL:** Sick, Vacation, Comp; Unpaid

FMLA Protected: Yes – 12 weeks total for a rolling 12-month period; eligible for donated leave

Isolation Incident Date: _____ Return to work eligible: _____

Notice to Supervisor (name/date/method) _____

Name/Relationship of individual: _____

5. Caring for your child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.

Documentation: Closure/unavailability notice

EPSL Paid at: 2/3 regular rate of pay, up to \$200/day Agree to 2/3 pay Supplement with paid leave

Maximum EPSL leave time: 80 hours **After ESPL:** 10 weeks of paid EFMLA at 2/3; supplemented w/ Sick, Vacation, Comp

FMLA Protected: Yes – 12 weeks total for a rolling 12-month period

Notice to Supervisor (name/date/method) _____

Name/Relationship of individual: _____

Name of school/daycare: _____

6. Experiencing any other substantially-similar condition specified by the U. S. Department of Health and Human Services.

Documentation: Proof of condition in reference to US Dept of HHS

EPSL Paid at: 2/3 regular rate of pay, up to \$200/day Agree to 2/3 pay Supplement with paid leave

Maximum EPSL leave time: 80 hours **After ESPL:** Sick, Vacation, Comp; Unpaid

FMLA Protected: Yes – 12 weeks total for a rolling 12-month period; eligible for donated leave

Isolation Incident Date: _____ Return to work eligible: _____

Notice to Supervisor (name/date/method) _____

7. The employee has relocated from another state to begin employment with Williams County and must isolate for 14 days prior to reporting to work.

EPSL Paid at: Regular rate of pay, up to \$511/day

Maximum EPSL leave time: 80 hours **After ESPL:** Unpaid

FMLA Protected: No

Date Arrived in Williston: _____ Work Eligible Date: _____

8. The employee is subject to an essential services department isolation policy due to travel or suspected exposure/infection.

EPSL Paid at: Regular rate of pay, up to \$511/day

Maximum EPSL leave time: 80 hours **After ESPL:** Sick, Vacation, Comp; Donated; Unpaid

FMLA Protected: Maybe – 12 weeks total for a rolling 12-month period; eligible for donated leave

Isolation Incident Date: _____ Return to work eligible: _____

Notice to Supervisor (name/date/method) _____

9. Working from Home

Supervisor Approved Date: _____ First Date working from home: _____

Explanation:

10. Modified Schedule

Supervisor Approved Date: _____ First Date working mod scheduled: _____

Details of modified schedule:

11. Home with Pay (no work)

Supervisor Approved Date: _____ First Date Admin Pay: _____

Explanation: