

Lincoln County Emergency Paid Sick Leave- (LCEPSL) FORM

Employer LINCOLN COUNTY GOVERNMENT, NC
Employee Name _____
Employee ID _____
Department _____
Supervisor Name _____

In accordance with the emergency leave approved by the Board of Commissioners on January 8, 2021, effective January 1, 2021 related to COVID-19 (Coronavirus), I am unable to work from home and request leave for the following reason(s):

- I have been ordered to be quarantined by my medical professional (note attached) due to a positive test result or exposure to COVID-19
- I have symptoms related to COVID-19 and have requested medical treatment which is scheduled at the following day and time _____
- I am caring for family member(s) quarantined by order of a medical professional (note attached) and ___ I will or ___ will not use accrued time to make up the remaining 33.3% of regular wages.

Signature: _____

Date Submitted: _____

EMPLOYER DETERMINATION

EPSL: Employee is NOT eligible for Emergency Paid Sick Leave
 is eligible for Emergency Paid Sick Leave effective: _____ and is entitled to be paid:
 100% of their average pre-leave compensation (up to \$511 per day)
 66.7% of their average pre-leave compensation (up to \$200 per day)
And will or will not use accrued time to make up the remaining 33.3%

- Employee is not eligible for benefits under LCEPSL since leave is due to:
 - Employee's position deemed essential as medical provider or emergency responder
 - Employer exempt under exception granted _____
 - Employee was laid off/furloughed effective _____
 - Other: _____

Signature: _____

Date: _____