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| COVID-19 Related Emergency Paid Sick Leave  (Valid April 1, 2020 to December 31, 2020) | |
| *Notice of Decision* | |
| To (Employee): |  |
| From: |  |
| Date of this Decision: | \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ / 2020 |
| *A copy of this Notice must be provided to employee and copies should be maintained by Human Resources/Personnel, and Payroll.* | |

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| **Request Summary** | |
| On \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ / 2020 you requested COVID-19 related Emergency Sick Leave for the following reasons (check all that apply): | |
|  | You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19. |
|  | You have been advised by a Health Care Provider to self-quarantine due to concerns related to COVID-19. |
|  | You are experiencing symptoms of COVID-19 and seeking a medical diagnosis. |
|  | You are caring for an individual who meets the requirements of 1 or 2, above. |
|  | You are caring for your son or daughter because your child’s school or place of care is closed or your child care provider is unavailable to provide child care services due to COVID-19 precautions. |
|  | You are experiencing other substantially similar conditions as specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and Secretary of Labor |

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| **Leave Decision** | |
| Your request is \_\_\_\_\_ **APPROVED**, or \_\_\_\_\_ **DENIED**. | |
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| If **DENIED**, your request is denied for one or more of the following reasons:  (check all that apply) | |
|  | We employ fewer than 50 employees and imposition of the provisions of the Emergency Paid Sick Leave Act would jeopardize our viability as an ongoing concern. |
|  | We are a business that employs health care providers or first responders and have opted-out of the Emergency Paid Sick Leave Act. |
|  | You are not responsible for care of a son or daughter under 18 years of age. |
|  | Your school/child care provider is not closed due to COVID-19. |
|  | Employer has determined you are able to telework. Please contact [name and contact information] to make necessary arrangements. |
|  | You are a health care provider or first responder exempt from the requirements of the Emergency Paid Sick Leave Act. |
|  | The Public Health Emergency declared in relation to COVID-19 is no longer in effect. |
|  | Upon reasonable investigation, the basis for you claim to entitlement to leave could not be verified or was determined to not meet the requirements of law. |

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| If **APPROVED**, your leave will be administered as follows: | | |
| You have the following balance of paid sick leave hours available to you: | |  |
| **If your stated reason for leave is items 1, 2, or 3, above, your Daily Paid Leave Rate is calculated as follows:** | | |
| Your Hourly Paid Rate is $ \_\_\_\_\_. This is the greater of your regular hourly rate (FLSA definition), the federal minimum wage, or the state or local minimum wage. | | |
| Your Daily Paid Leave Rate is Hours Per Day x Hourly Paid Rate $  *(Note: Your Daily Paid Rate may not exceed $511/day and $5,110 total)* | | |
| You are not required to use all available Emergency Paid Sick Leave at one time. It may be taken in increments consistent with the smallest period of time that we normally permit for paid leave. If you use available emergency paid sick leave on an incremental basis, it will be calculated as the appropriate percentage of your Hourly Paid Rate. | | |
| **If your stated reason for leave is for reasons 4, 5, or 6, above, your Daily Paid Leave Rate is calculated as follows:** | | |
| Your Regular Hourly Paid Rate is $ \_\_\_\_\_. This is the greater of your regular hourly rate (FLSA definition), the federal minimum wage, or the state or local minimum wage. | | |
| Regular hours per day: |  | |
| 2/3 Hourly Paid Rate: | $ | |
| Daily Paid Leave Rate: | $  *(Hours Per Day x 2/3 of Regular Rate or $200/day max)* | |
| The following conditions apply:   * If your Daily Paid Leave Rate exceeds $200/day, you will receive $200 per day for each day of paid leave, not to exceed a total of $2,000. * You are not required to use all available Emergency Paid Sick Leave at one time. It may be taken in increments consistent with the smallest period of time that we normally permit for paid leave. If you use available emergency paid sick leave on an incremental basis, it will be calculated as the appropriate percentage of 2/3 of your Hourly Paid Rate. * You may use Emergency Paid Leave for the stated reasons before you use any other accrued paid leave you may have available. * Any unused Emergency Paid Sick Leave balance may not be carried over from year to year and entitlement to Emergency Paid Sick Leave terminates with the employee’s next scheduled work shift immediately following the termination of the need for paid sick time. | | |

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| **Employer Contact Information** |
| If you have questions, please contact:  [Name]  [Title]  [Phone number]  [Email] |