COVID-19 Payroll Changes

Emplo	oloyer Name:	
Emplo	oloyee Name:	
Paych	check Date:	
Emer	ergency Paid Sick Leave Act (PSL)	
Dates being paid EPSL:		eligible until April 1, 2020)
Total l	al hours to be paid to EPSL on this pay period (if not over	the maximum):
Reaso	son (check ONE item below):	
Will b	be paid regular pay rates, maximum of \$511/day or \$5,	110 total:
	Employee must self-quarantine as advised by a health care provider due to COVID-19	
Will b	be paid 2/3 regular pay rates, maximum of \$200/day or	\$2,000 total:
	Employee is caring for their child because school or childcare is closed due to COVID-19	
Emer	ergency Family & Medical Leave Expansion Ac	(FMLA)
Dates	es being paid EFMLA: (not e	igible until April 1, 2020)
Total I	al hours to be paid EFMLA on this pay period (if not over	the maximum):
Must	st meet ALL requirements:	
1. 2.	(18 years or younger) because school or a childcare provider is closed due to COVID-19.	

3. Employer has paid initial two weeks using Emergency Paid Sick Leave (above)

4. Calculated payroll will be paid at 2/3 regular pay rates, not to exceed \$200 per day and \$10,000

total (or 10 weeks)

Documentation you will need to have on file if paying an employee the emergency leave:

Emergency Paid Sick Leave Act (PSL)

The DOL said the employee must provide a signed statement containing:

- The employee's name.
- The date(s) for which leave is requested.
- The coronavirus-qualifying reason for leave.
- A statement that the employee can't work or telework because of this reason.

Emergency Family & Medical Leave Expansion Act (FMLA)

The DOL said an individual requesting expanded family and medical leave must provide:

- The name of the child being cared for.
- The name of the school, place of care or child care provider that closed or became unavailable due to coronavirus reasons.
- A statement representing that no other suitable person is available to care for the child during the period of requested leave.