
SPOKANE COUNTY

HUMAN RESOURCES
DEPARTMENT
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Emergency Paid Sick Leave

Overview: Effective April 1, 2020, the Families First Coronavirus Relief Act (FFCRA) was enacted, providing up to 2 weeks (10 days, up to 75/80 hours) of Emergency Paid Sick Leave and an expanded FMLA provision to eligible employees. The FFCRA expired December 31, 2020. Anticipating a continued need, the County has established a separate but similar program- providing up to 2 weeks (10 days, up to 75/80 hours) of Emergency Paid Sick Leave to qualifying employees who have not already exhausted the leave provided under the FFCRA; the County program is effective January 1, 2021- February 28, 2021. The eligibility requirements of the County program are narrower than what was provided under the FFCRA and it does not include the expanded FMLA provision.

Employee Name: _____ Date of Request: _____
Last 4 SSN or ID number: _____ Position Title: _____
Department: _____ Supervisor Name: _____
Leave Start Date: _____ Leave End Date: _____

You may be eligible for Emergency Paid Sick Leave if you have work available, but are unable to work (or telework) due to the need for leave because (check one):

1. I have been advised by a health care provider or other entity to self-quarantine due to either a positive COVID-19 diagnosis or a direct COVID-19 exposure. Direct COVID-19 exposure is defined as: an individual who has had “close contact” (within 6 feet for a total of 15 minutes or more within a 24-hour period), with a confirmed COVID-19 positive case, regardless of the use of face covering.

Name of health care provider or entity who advised you to self-quarantine: _____

2. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

By checking this box, I certify I have work available to perform, but I am unable to work or telework because of the COVID-19 reason checked above.

By checking this box, I certify I did not exhaust the 2-week Emergency Paid Sick Leave benefit offered under the FFCRA (available 4/1/2020- 12/31/2020). If leave was taken under the FFCRA, please indicate the dates and hours taken: _____

In typing my initials below, I certify I have work available but I am unable to work or telework because of the COVID-19 reason checked above. I understand this Emergency Paid Sick Leave is a one-time benefit, limited to a total of 2 weeks of paid leave (10 days, up to 75/80 hours), encompassing leave taken under both the FFCRA and the subsequent County program. I certify I have not previously exhausted the leave benefit offered under the FFCRA. If it is later determined I falsified information, I may be disciplined and may be required to repay any compensation I received. Documentation may be required to support this request.

EMPLOYEE INITIALS

DATE