

Dept # \_\_\_\_\_

**County of Lake**  
**Offices of Human Resources and the Auditor-Controller**  
**Paid Public Health Emergency Leave (PHEL) – Pay Code E2 – Project Code COVIDL**  
**COVID-19**

To: Human Resources

Employee: \_\_\_\_\_

Per the H.R. 6201 Families First Coronavirus Response Act, I am requesting use of Paid Public Health Emergency Leave. This request is based on the following reasons:

- I have been employed by the County of Lake for thirty (30) days or more.
- I am unable to work or telework due to a need for leave to care for my son or daughter under 18 years of age when school or place of care for said son or daughter has been closed, or child care provider is unavailable, due to a public health emergency
- I have been on unpaid or use of accruals (vacation, sick leave, administrative leave, emergency paid sick leave) for period of fourteen (14) days.

I understand that Paid Public Health Emergency Leave (PHEL) will expire on December 31, 2020. I understand that PHEL is two thirds (2/3) of my normal pay, no greater than \$200 (prorated for part time) per day or \$10,000 (prorated for part time) for the duration of this leave minus any FMLA leave I have taken during the last twelve (12) months.

For each day I am utilizing this leave, I am responsible to report 5.33 hours each day coded as E2. I may supplement the remaining 2.67 with accruals, or use pay code 26. Proration for part time applies.

_____	_____
Employee Signature	Date

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I have reviewed this employee request and approve the facts as stated.

_____	_____
Department Head Signature	Date

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Human Resources Use Only

_____	_____
Total Number of Eligible Hours	HR Analyst Initials

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Payroll Use Only

_____	_____
Date Code Set Up	PR Deputy Initials