Families First Corona Virus Response Act
Employee Worksheet

PAYROLL CENTRAL™
Total Payroll Solutions

Company Name: _____ Pay Period:_____ Check Date: _____

EFMLA = Expanded Family Medical Leave Act **ESPL= Emergency Paid Sick Leave** **EE=Employee**

Employee Name	Type of Leave: **1 - EFMLA** **2 - ESPL-Self 1-3** **3 - ESPL -Other 4-6**	Employees Regular Pay Rate	Pay Rate This Payroll	Number Of Hours	Gross Dollar Amount Paid to Employee
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0

Types of Leave & Caps for Pay

EFMLA- 2/3 Pay Rate up to $200/Day & $10,000 cap.

ESPL Self 1-3: Regular Pay Rate up to $511/day $5,111 cap.

EPSL- Others 4-6: 2/3 Pay Rate up to $200/Day and $2,000 cap.

ESPL Self Reasons

1. The EE is subject to a federal, state or local quarantine or isolation order related to COVID-19
2. The EE has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The EE is experiencing symptoms of COVID-19 and seeking a medical diagnosis.

ESPL Other Reasons

4. The EE is caring for an **individual** quarantined as described above.
5. The EE is caring for a son or daughter if school or childcare is closed/unavailable.
6. The EE is experiencing "any other substantially similar condition" specified by HHS (catch all)

Payroll Central Inc. will use the info provided above from the client. If changes need to be made at a later time, paid leave incorrectly due to miscalculation or reason, client may be subject to additional fees