

Premium Pay Qualification Spreadsheet 160.003.00.02

Program: [program listed in the justification form]

Date: [Date spreadsheet is being completed]

Employee Classification Title	Qualified Employee Name	Worker Group

I certify that the above-listed employees are eligible to receive up to \$1250 of premium pay. In addition, I certify that the above-listed eligible employees were required by a supervisor or manager to perform job duties on-site for a cumulative total of at least one-hundred-twenty (120) work hours that placed the employee in a position of potential exposure to COVID-19 during the period March 23, 2020 to effective date of this policy. A position of potential exposure to COVID-19 means performing job duties in an on-site work location where the employee must interact in person with members of the public for a cumulative total of at least fifteen (15) minutes in a twenty-four (24) hour period or with co-workers that in the same day interacted with members of the public for a cumulative total of at least fifteen (15) minutes in a twenty-four hour period.

Supervisor signature: _____

Date:_