



# Families First Coronavirus Response Act HR 6201

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Code: \_\_\_\_\_

Please update our account to include earnings codes for:

- Emergency FMLA Expansion ([Please see the DOL Fact Sheet](#))
  - Full-time Calculation
  - Part-time Calculation
  - ACA
- Emergency Paid Sick Leave
  - Full-time Calculation
  - Part-time calculation
- Emergency Family Paid Sick
  - Full-time Calculation
  - Part-time calculation

Next payroll submit date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please email to: [info@autopaychecks.com](mailto:info@autopaychecks.com) or Fax to 970-257-1872

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Internal

Setup by: \_\_\_\_\_ Date: \_\_\_\_\_

Double Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed with Client by: \_\_\_\_\_ Date: \_\_\_\_\_