



STAYING AT HOME TO PROTECT YOURSELF FROM COVID-19

Federal and state regulations require your employer to provide you with a safe workplace. If you do not return to work because your workplace is not safe for you, you may continue to be eligible for unemployment benefits.

The North Carolina Division of Employment Services ([DES](#)) says you may be eligible to continue receiving unemployment benefits if you fall into one of these categories:

1. You have been diagnosed with COVID-19 or have symptoms of COVID-19 and a medical professional has advised you not to go to work.
2. A member of your household has been diagnosed with COVID-19 or you are providing care for a family member or a member of your household who has been diagnosed with COVID-19.
3. You are at high risk of severe illness from COVID-19.
4. You are the primary caregiver of a child or person in your household whose school or care facility is closed because of COVID-19, and this prevents you from working.
5. You can't reach your place of employment because of a COVID-19 quarantine or you have been advised by a health care provider to self-quarantine.
6. You can't return to work because of a governmental order regarding travel, business operations, or mass gatherings.
7. You reasonably believe there is a valid degree of risk to your health and safety due to a significant risk of exposure or infection to COVID-19 at your work because your employer is not complying with government or industry guidelines, or because workplace is not safe for you to return to work.

This form helps employees who cannot return to work because of one of the reasons listed above related to COVID-19. The form is not legal advice. If you are experiencing any of the situations listed above, you may fill in this form and provide it to your employer.

Notice to Employer

Name of Employer: _____

Name(s) of Employee(s): _____

I am unable to return to work at this time because of the following reason related to COVID-19:

_____ I have been diagnosed with COVID-19 and have been advised by a medical professional to not attend work.

_____ I am experiencing symptoms of COVID-19 and have been advised by a medical professional to not attend work.

_____ A member of my household has been diagnosed with COVID-19.

_____ I am providing care for a family member or a member of your household who has been diagnosed with COVID-19.

_____ I am at high risk of severe illness from COVID-19.

_____ I am the primary caregiver of a child or person in your household whose school or care facility is closed because of COVID-19, and this prevents me from working. The name of my child or person in my household is

_____ I can't reach my place of employment because of a COVID-19 quarantine.

_____ I have been advised by a health care provider to self-quarantine.

_____ I cannot return to work because of a governmental order regarding travel, business operations and mass gatherings.

_____ I believe there is a valid degree of risk to my health and safety due to a significant risk of exposure or infection to COVID-19. The reasons I believe it is not safe for me to return to work are:

SIGNATURE

DATE