

North Carolina Department of Commerce
Division of Employment Security
COVID-19 Support Payment Application

SECTION 1: Employer Contact Information

Employer Name: _____
Enter exact name of legal entity

Trade Name: _____

Mailing Address: _____

Street Address: _____

Employer Account # _____ Federal ID # _____

Name of Contact Person: _____

Title: _____

Phone Number: _____

Email: _____

SECTION 2: COVID-19 Support Payment Plan Details

Anticipated start date of the furlough: _____

Anticipated end date of the furlough: _____

Enter the names of employees who will receive COVID-19 Support Payments and the amount of the COVID-19 Support Payment each employee will receive (attach additional sheets if necessary).

Employee Name	Gross Payment	Employee Name	Gross Payment

How will employees receive the COVID-19 Support Payment?

Weekly: _____ Lump Sum: _____

Other (explain): _____

Will the COVID-19 Support Payments be made voluntarily in response to furloughing employees because of COVID-19? YES ___ NO ___

Will the payments be made for services rendered by the employee in the past? YES ___ NO ___

Does the employer certify that the COVID-19 Support Payments are not being paid as a form of remuneration for the employees' performance of personal services during the furlough? YES ___ NO ___

Does the employer certify that the COVID-19 support payments will be made free of an obligation for the employee (or the employees' estate) to return or repay the amount paid? YES ___ NO ___

Does the employer agree to file attached claims in accordance to the guidance provided by the Division of Employment Security for each of the employees receiving COVID-19 Support Payments? YES ___ NO ___

SECTION 3: Signatures

This form should be signed by an owner, partner, corporate officer, or other employee with sufficient authority to bind the employer.

I certify that the information entered on this form is true and accurate, and that I am authorized by the named employer to submit this application as a COVID-19 Payment Plan.

Signature

Title

Printed Name

Date

Telephone Number

Please email this form to des.chief.counsel@nccommerce.com

