



## Families First Coronavirus Response Act (FFCRA) Leave Request Information

- Signed into law March 18, 2020
- Effective April 1, 2020; Expires December 31, 2020
- Provides two new forms of temporary leave
  - Emergency Paid Sick Leave Act (EPSLA)
  - Emergency Family and Medical Leave Expansion Act (EFMLEA)
- Leave may be taken for certain, COVID-19 related reasons, provided the employee is unable to work, **including unable to telework**
- Enforced by the U.S. Department of Labor Wage and Hours Division (WHD)

### A. General

- **Employee Eligibility**
  - Paid Sick Leave - All employees are eligible
  - Public Health Emergency Leave – Employees who have been employed for at least 30 calendar days from the date of the leave request are eligible.
- **Health Insurance Coverage**

An employee's health insurance coverage is maintained throughout the leave on the same terms and conditions as if the employee was working, and subject to the employee's payment of their share of insurance premiums.

### B. Paid Sick Leave under the EPSLA

**Reasons for Leave:** An employee is entitled to take leave if the employee is unable to work or telework for the following reasons:

1. The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19
2. The employee has been advised by a health care provider to self-quarantine related to COVID-19
3. The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis
4. The employee is caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or has been advised by a health care provider to self-quarantine related to COVID-19
5. The employee is caring for his or her child whose school or place of care is closed (or professional child care provider is unavailable) due to COVID-19 related reasons, or
6. The employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services

**Amount of Leave:** The available Paid Sick Leave benefit is based on hours worked:

1. Full-time employees, defined as working an average of 40 or more hours per week, are entitled to a total of 2 weeks (80 hours) of leave
2. Part-time employees, defined as working less than 40 hours per week, are entitled to a prorated number of Paid Sick Leave hours based on their regular work schedule

#### **Rate of Pay:**

For leave reasons (1), (2), or (3), employers shall pay their employees at their regular hourly rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate over the duration of the employee's leave amount defined above.

For leave reasons (4), (5), and (6) employers shall pay their employees at 2/3 their regular hourly rate, up to \$200 per day and \$2,000 in the aggregate over the duration of the employee's leave amount defined above.

## C. Public Health Emergency Leave under the EFMLEA

### Reason for Leave:

There is only one qualifying reason for leave under the EFMLEA, namely, to care for a son or daughter whose school or place of care is closed (or professional child care provider is unavailable) due to COVID-19 related reasons

- Leave is not considered “necessary” if there is another suitable person available to care for the son or daughter

### Amount of Leave:

Up to 12 workweeks of job-protected leave; prior use of FMLA leave will reduce the total amount of leave available under the EFMLEA. Thus, an employee who has already used 12 weeks of leave under the FMLA during the leave year is NOT eligible to use EFMLEA leave.

### Rate of Pay:

The first two weeks of EFMLEA leave are unpaid, unless employee uses Paid Sick Leave for these first two weeks. An employee may elect to supplement Paid Sick Leave or substitute unpaid time with any accrued personal or vacation leave for these **first two weeks**.

After the first two weeks, the employee may take up to 10 weeks of paid leave. However, if an employee has taken any FMLA leave for another reason during the benefit year, that amount of leave shall be subtracted from the amount of EFMLEA leave available.

Employers shall pay their employees at 2/3 their regular hourly rate, up to \$200 per day and \$10,000 in the aggregate of the duration of the employee’s leave. Employees may elect to supplement this paid leave with any accrued personal or vacation time.

## D. DOCUMENTATION

Documentation **MUST** be provided to support your need for leave. Documentation must contain the following information, regardless of the reason for the requested leave:

1. Your name;
2. The date(s) for which leave is requested;
3. The qualifying reason for the leave; and
4. A statement that you are unable to work (including telework) because of the qualified reason for leave.

Certain forms of leave require additional information as specified on the Request Form. Leave will only be granted upon receipt of sufficient supporting documentation.

If you would like to request leave under the Emergency Paid Sick Leave Act and/or the Emergency Family and Medical Leave Expansion Act, please complete the **Families First Coronavirus Response Act Leave Request Form**, which is located on our website <http://www.haverhill-ps.org/covid-19/> and submit to Cherie Pinardi, Principal Clerk at [cherie.pinardi@haverhill-ps.org](mailto:cherie.pinardi@haverhill-ps.org).

May 8, 2020



## Families First Coronavirus Response Act Leave Request Form

*To request leave on the basis of the Families First Coronavirus Response Act (FFCRA), please complete the following request form and submit to Human Resources as soon as practical.*

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(Please print clearly)

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

**All requests for leave under the Families First Coronavirus Response Act MUST have supporting documentation including the following information:**

1. Your name;
2. The date(s) for which leave is requested;
3. The qualifying reason for the leave; and
4. A statement that you are unable to work (including telework) because of the qualified reason for leave.

***Certain reasons for leave require additional information, which is specified below.***

**Reason for this FFCRA leave request is (select the most appropriate box):**

**A. Paid Sick Leave**

☐ 1. Employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19. Employee will receive his/her regular rate of pay up to \$511/day for leave taken for this reason, and a maximum of \$5,110 over the full leave period.

Name of the government entity that issued the quarantine or isolation order:

\_\_\_\_\_

☐ 2. Employee has been advised by a health care provider to self-quarantine related to COVID-19. Employee will receive his/her regular rate of pay up to \$511/day for leave taken for this reason, and a maximum of \$5,110 over the full leave period.

Name of the health care provider who has advised you to self-quarantine:

\_\_\_\_\_

☐ 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis, *i.e.* taking affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment for a test for COVID-19. Employee will receive his/her regular rate of pay up to \$511/day for leave taken for this reason, and a maximum of \$5,110 over the full leave period.

☐ 4. Employee is caring for an individual subject to an order described in reason (1) OR self-quarantine as described in reason (2). Employee will receive 2/3 his/her regular rate of pay, up to \$200/day for leave taken for this reason, and a maximum of \$2,000 over the full leave period.

Name of the relevant government entity or health care provider, as appropriate:

\_\_\_\_\_

Name of individual in quarantine, isolation, or self-quarantine:

\_\_\_\_\_

☐ 5. Employee is caring for his/her child under the age of 18 whose school/place of care is closed, or professional child care provider is unavailable, due to COVID-19 related reasons. Employee will receive 2/3 his/her regular rate of pay, up to \$200/day for leave taken for this reason, and a maximum of \$2,000 over the full leave period.

Name(s) of Child(ren) being cared for: \_\_\_\_\_

Name of school/place of care/child care provider: \_\_\_\_\_

☐ I hereby certify that no other suitable person will be caring for the aforementioned Child(ren) during the period for which I am requesting leave.

☐ 6. Employee is experiencing any other substantially-similar condition specified by the United States Department of Health and Human Services. Employee will receive 2/3 his/her regular rate of pay, up to \$200/day for leave taken for this reason, and a maximum of \$2,000 over the full leave period. **Note: NOT APPLICABLE AT THIS TIME**

**B. Public Health Emergency Leave**

☐ Employee is caring for his/her child under the age of 18 whose school/place of care is closed, or professional child care provider is unavailable, due to COVID-19 related reasons. Employee will receive 2/3 his/her regular rate of pay, up to \$200/day for leave taken for this reason, and a maximum of \$10,000 over the full leave period.

Name(s) of Child(ren) being cared for: \_\_\_\_\_

Name of school/place of care/child care provider: \_\_\_\_\_

☐ I hereby certify that no other suitable person will be caring for the aforementioned Child(ren) during the period for which I am requesting leave.

*Please select one of the following options regarding the first two weeks of Public Health Emergency Leave, which by law are otherwise unpaid:*

☐ I am simultaneously requesting Paid Sick Leave pursuant to reason (5) and hereby elect to substitute said Paid Sick Leave for the unpaid period of Public Health Emergency Leave; or

☐ I would like to substitute accrued **vacation / personal** (circle one) time to supplement the unpaid period of Public Health Emergency Leave; or

☐ I do not wish to supplement the unpaid period of Public Health Emergency Leave with accrued time and understand that the first two weeks of my Public Health Emergency Leave will be unpaid.

*Please select the following to supplement the 2/3 rate of pay:*

☐ I hereby elect to supplement my Public Health Emergency Leave by using additional accrued vacation/personal time so that I receive my full regular day's pay for each day that I am on Public Health Emergency Leave.

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or material omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge. If the reason for this leave request is because I am experiencing COVID-19 symptoms and seeking a medical diagnosis, *i.e.* taking affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment for a test for COVID-19, I certify that I meet the conditions for the leave. I further certify that I am requesting this leave because I am unable to work (onsite or remotely) due the reason(s) stated above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For HR use only:*

Date Received: \_\_\_\_\_ APPROVED ☐ DENIED ☐ Updated Attendance: ☐ Code used: \_\_\_\_\_

Leave Balances: Sick \_\_\_\_\_ Personal \_\_\_\_\_ Vacation \_\_\_\_\_