

Families First Coronavirus Response Act (FFCRA) Emergency Paid Sick Leave Request

Whenever possible, employees must complete and submit the signed document to their supervisor prior to taking leave. Supervisory approval is required for all leave usage. Employees must maintain communication with their supervisor (or their Agency HR representative) as instructed by Agency management.			
Section I. EMPLOYEE INFORMATION			
EMPLOYEE NAME		PERSONNEL #	
EMPLOYMENT STATUS	Full-Time Permanent	Part-Time Permanent	Temporary
Select One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DURATION OF LEAVE HOURS ELIGIBILITY			
Full-time employees may use up to 80 hours. Part-Time employees receive up to a pro-rated maximum equivalent to their percentage of full-time status. Temporary employees may receive up to the number of hours worked on average, over a six-month period.			
Section II. EMERGENCY PAID SICK LEAVE REQUESTED – REASONS 1, 2 OR 3			
Select one of the options listed below if you are unable to work or telework			
<input type="checkbox"/>	1. Subject to federal, state or local quarantine order relate to COVID-19 Provide the name of entity issuing the order:		
<input type="checkbox"/>	2. Advised by healthcare provider to self-quarantine related to COVID-19 Provide the name of the healthcare provider:		
<input type="checkbox"/>	3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis		
For the above leave reasons 1, 2 or 3: Pay will be at 100% of regular rate of pay including non-discretionary compensation.			
Section III. EMERGENCY PAID SICK LEAVE REQUESTED – REASONS 4, 5 OR 6			
Select one of the options below if you are unable to work or telework			
<input type="checkbox"/>	4. To care for a dependent who is required to self-quarantine by a healthcare provider or subject to a federal, state or local quarantine		
<input type="checkbox"/>	5. To care for a dependent child whose school or childcare facility/provider is closed or unavailable due to COVID-19. Please provide the name of your child _____ and the name of the childcare facility or school _____.		
<input type="checkbox"/>	6. Experiencing substantially similar condition as specified by the US Secretary of Health and Human Services and the Department of Labor.		
For leave specific to Reasons 4 or 6: pay will be at 2/3 of the employee’s regular rate up to 80 hours. An employee may supplement the 2/3 pay with 1/3 of their own personal leave to achieve their full pay. For leave specific to Reason 5: Initial 80 hours is unpaid. However, employee may use paid sick leave under EPSLA to receive 2/3 of the regular rate of pay, up to 80 hours (or accrued leave if EPSLA has been exhausted). Employees may use EFMLEA to receive 2/3 regular rate of pay based on the employees remaining FML entitlement, not to exceed 10 weeks. An employee may supplement the 2/3 pay with 1/3 of their own personal leave to achieve their full pay.			
Dates of Leave Requested (e.g.:04.01/2020 to 4/10/2020)		to	
Request to Supplement Pay with Personal Leave to achieve 100% Pay.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: Emergency Sick Leave is available between April 1, 2020 and December 31, 2020. There is no carryover.

If selected "Yes" to supplement pay with personal leave, identify the preferred leave types to use first, second and third. Applicable leave includes Bonus Leave (Special Annual Bonus Leave 19/20 is not eligible for use), Compensatory Time, CDE-Care Leave (must be made up), Sick Leave, or Vacation Leave.

1. Choose Option 1
2. Choose Option 2
3. Choose Option 3

Note: Once a leave balance is exhausted, the next option listed will be applied.

My signature below confirms my request for the Emergency Sick Leave is for the reason identified in Sections II or III of the Emergency Sick Leave Request Form. For leave specific to Reason #5, I am the parent or legal guardian of a son/daughter under the age of eighteen for whom I am providing daily care for the term of the leave request. I also certify that no other suitable person is available to care for my child. I further understand that providing false information and/or misuse of this leave is subject to disciplinary action up to and including dismissal.

Employee Signature:		Date (mm/dd/yyyy):
Supervisor Signature:	Approved: <input type="checkbox"/>	Date (mm/dd/yyyy):
	Denied: <input type="checkbox"/>	

If not approved, explain:

To Be Completed by Agency Human Resources Staff or Agency Leave Coordinator

Date Leave Request Received (mm/dd/yyyy):

Documentation submitted by employee:

Date Documentation Received (mm/dd/yyyy):

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