

# Families First Coronavirus Response Act (FFCRA) Request for Emergency Paid Sick Leave/ Emergency Family and Medical Leave Expansion Leave

## EMPLOYEE INFORMATION:

Employee Name	Personnel Number	Telephone Number (required)
University	E-mail Address (required)	Supervisor's Name (required)

## INSTRUCTIONS

Complete this form to request an absence in accordance with the Families First Coronavirus Response Act [FFCRA](#).

**Emergency Paid Sick Leave ACT (EPSLA)**- all employees are eligible for two weeks of paid sick time for specified reasons related to COVID-19.

**Emergency Family and Medical Leave Expansion Act (EFMLEA)** – employees who have been employed for at least 30 calendar days are eligible for up to 12 weeks of paid family leave to care for a child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 related reasons.

## REASON FOR EMERGENCY PAID SICK LEAVE (EPSL) Please select ONE reason

- ☐ #1 Employee is subject to a Federal, State, or local quarantine or isolation order, issued by a health care provider or governmental entity, related to COVID-19
- ☐ #2 Employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- ☐ #3 Employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.
- ☐ #4 Employee is caring for an individual who is subject to an order of quarantine or isolation or advised to self-quarantine. State person's name and relation to employee \_\_\_\_\_
- ☐ #5 Employee is caring for a son or daughter (under age 18) because the school or daycare is closed, or the childcare provider is unavailable due to COVID-19 related reasons. Name and age of child(ren) \_\_\_\_\_, name of the school or daycare provider \_\_\_\_\_

## EMERGENCY PAID SICK LEAVE ACT -ADDITIONAL INFORMATION

**Emergency Paid Sick Leave for reasons #1, #2 and #3 above** - Employee shall receive up to 10 consecutive paid sick leave days at their regular hourly rate of pay up to a maximum of \$511 per day. Acceptable required documentation – copy of source of the Federal, State, or local quarantine or isolation order impacting the employee or written documentation by the healthcare provider advising the employee to self-quarantine. An employee sent home prior to the end of their work shift due to a COVID-19 qualifying reason, may request EPSL in less than a full day increment.

**Emergency Paid Sick Leave for reason #4 above** - Employee shall receive up to 10 consecutive paid sick leave days at 66.67% of their regular hourly rate of pay up to a maximum of \$200 per day. Acceptable required documentation - copy of source of the Federal, State, or local quarantine or isolation order impacting the employee for someone they are caring for, or written documentation by the healthcare provider advising the person employee is caring for to self-quarantine. Emergency Paid Sick Leave is applicable when the person you are caring for is unable to care for him or herself and depends on you for care, and their care prevents you from working or teleworking.

**Emergency Paid Sick Leave for reason #5 above** -Employee shall receive up to 10 days paid sick leave at 66.67% of their regular hourly rate of pay up to a maximum of \$200 per day. May be taken on an intermittent basis, subject to management approval. Acceptable required documentation - a notice that has been posted on a government, school, or daycare website, or published in a newspaper or an email from an employee or official of the school, place of care, or childcare provider. Emergency Paid Sick Leave is applicable if the employee needs to take such leave if a co-parent, co-guardian, or your usual child care provider is not available to provide care.

**Emergency Paid Sick Leave is not retirement eligible and you will not receive retirement credit for any wages paid.**

## REQUESTED START DATE FOR EMERGENCY PAID SICK LEAVE (EPSLA): Maximum of 10 workdays.

First Scheduled Workday \_\_\_\_\_ Last Scheduled Workday \_\_\_\_\_

Comments: \_\_\_\_\_

## EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION REQUEST

Employees caring for a son or daughter under reason #5 are eligible for up to 12 weeks of leave pursuant to the Emergency Family and Medical Leave Expansion Act.

Employees are eligible with 30 days of employment and if they have not taken more than twelve weeks for any other FMLA qualifying event within 12 months of their absence.

For the first two weeks of otherwise unpaid leave, the employee may elect to substitute the 10 days EPSL (election above) or their own accrued or anticipated annual, personal or compensatory leave. If an employee elects to use their own accrued/anticipated leave, such leave will run concurrently with and reduce the employee's overall 12 workweeks of FMLA leave entitlement.

Acceptable required documentation - a notice that has been posted on a government, school, or daycare website, or published in a newspaper or an email from an employee or official of the school, place of care, or childcare provider. Emergency Family and Medical Leave is applicable if the employee needs to take such leave if a co-parent, co-guardian, or your usual child care provider is not available to provide care.

The employee shall receive paid leave at 66.67% of their regular hourly rate up to \$200 per day.

Paid Emergency Family and Medical Leave Expansion may be taken in full day or partial day increments, as well as on an intermittent basis, at the discretion of your employer and subject to management's responsibility to maintain the efficiency of operations. If requesting partial days, the minimum leave request for EFML is 30 minutes.

Paid Emergency Family and Medical Leave Expansion is not retirement eligible and you will not receive retirement credit for any wages paid.

## REQUESTED START DATE FOR EMERGENCY FAMILY AND MEDICAL LEAVE

**First Requested Scheduled Workday** \_\_\_\_\_ **Last Estimated Scheduled Workday** \_\_\_\_\_

If intermittent Leave or Partial days Requested – Proposed Schedule to include specific calendar dates and work hours requested to be off: \_\_\_\_\_

**Comments:**

## ACKNOWLEDGEMENT

- **I understand that by submitting this request, I represent that I am unable to work or telework due to the reasons identified above.**
- **I understand that I must submit the required documentation before my leave begins whenever possible. In cases where not possible, I understand that documentation must be submitted as soon as it is available.**
- **I understand that if required documentation is not received within a reasonable amount of time, my leave may not be approved. Any unapproved/non-qualifying absences may be subject to corrective action.**

**Signature:**

**Date:**

**Return completed form to: FFCRA Coordinator Email: [COVID19LeaveRequest@PASSHE.EDU](mailto:COVID19LeaveRequest@PASSHE.EDU)**