

FFCRA LEAVE REQUEST FORM

FOR USE BETWEEN APRIL 1, 2020 AND DECEMBER 31, 2020

To request leave under the Families First Coronavirus Relief Act (FFCRA), you or your representative should complete the following form and attach it to your leave request in the Employee Kiosk. Please select "Other" as the type of leave requested and include FFCRA in the description. You or your representative may also contact your supervisor to orally request leave and provide the required information.

Employee Name (print clearly): _____

Today's date: _____ Requested Leave Start Date: _____ Estimated End Date: _____

Are you requesting leave on a continuous, intermittent, or reduced schedule basis? _____

Do you wish to use sick leave, personal leave and/or vacation to supplement your FFCRA leave pay? _____

Enter the number corresponding with the reason you are requesting leave: _____

1. I am subject to a federal, state or local quarantine or isolation order related to COVID-19, and as a result, I am unable to work or telework.
2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19, and as a result, I am unable to work or telework.
3. I am experiencing symptoms of COVID-19 and am seeking medical diagnosis from a health care provider, and as a result, I am unable to work or telework.
4. I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19, or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19, and as a result, I am unable to work or telework.
5. I am caring for my child whose school or place of care has been closed or whose childcare provider is unavailable because of COVID-19, and no other suitable person is available to care for my child, and as a result, I am unable to work or telework.
6. I am experiencing a substantially similar condition specified by the U.S. Department of Health and Human Services, and as a result, I am unable to work or telework.

Please provide ONLY the information that corresponds with the number of the reason you are requesting leave.

In other words, if you entered "3" above, only complete "3" below.

1. State the name of the government entity that issued you a quarantine or isolation order related to COVID-19:

2. State the name of the healthcare provider who advised you to self-quarantine due to concerns related to COVID-19:

3. State the name of the healthcare provider from whom you are seeking a medical diagnosis related to symptoms of COVID-19:

4. As applicable, state either (a) the name of the government entity that issued the quarantine or isolation order related to COVID-19 to the individual being cared for; or (b) the name of the healthcare provider that advised the individual being cared for to self-quarantine due to concerns related to COVID-19:

5. State (a) the name of the child(ren) being cared for; (b) the name of the school, place of care, or childcare provider that has closed or become unavailable; and (c) that no other suitable person is available to care for the child.
a) _____
b) _____
c) _____
6. Describe the condition that makes you unable to work or telework: _____

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) LEAVE

There are six qualifying reasons to use FFCRA leave:

1. You are subject to a federal, state or local quarantine or isolation order related to COVID-19, and as a result, you are unable to work or telework.
2. You are advised by a health care provider to self-quarantine due to concerns related to COVID-19, and as a result, you are unable to work or telework.
3. You are experiencing symptoms of COVID-19 and are seeking medical diagnosis from a health care provider, and as a result, you are unable to work or telework.
4. You are caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19, or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19, and as a result you are unable to work or telework.
5. You are caring for your child whose school or place of care has been closed or whose childcare provider is unavailable because of COVID-19, and no other suitable person is available to care for your child, and as a result you are unable to work or telework.
6. You are experiencing a substantially similar condition specified by the U.S. Department of Health and Human Services, and as a result you are unable to work or telework.

There are two kinds of FFCRA leave:

1. Emergency Paid Sick Leave
2. Public Health Emergency Leave

Emergency Paid Sick Leave may be used for any of the above six reasons.

If it is for reasons (1), (2), or (3), you are entitled to 100% of your regular rate of pay (capped at \$511 per day) for up to 80 hours (prorated for part-time employees).

If it is for reasons (4), (5), or (6), you are entitled to 2/3 of your regular rate of pay (capped at \$200 per day) for up to 80 hours (prorated for part-time employees).

This is a one-time use. You may supplement partial pay with sick leave, personal leave and/or vacation.

Public Health Emergency Leave may only be used for reason (5) above.

You are entitled to 2/3 of your regular rate of pay (capped at \$200 per day) for up to 12 weeks.

The first 10 days are unpaid. You may substitute Emergency Paid Sick Leave, sick leave, personal leave and/or vacation for the first 10 days but you are not required to do so.

Employees may take a total of 12 work weeks for Family Medical Leave (FMLA) or Public Health Emergency Leave during a 12-month period (July 1 – June 30).

Insurance coverage through Bath School will continue while you are using these types of leave.

To request FFCRA leave, please use the Employee Kiosk and select "OTHER" as the type of leave. Put FFCRA in the description. You will also need to complete the FFCRA Leave Request Form and submit it as an attachment to your leave request in the Kiosk. If you don't have access to a scanner, please give the paper form to your supervisor. If you are ill and not able to access the kiosk at all, then call your supervisor or have a family member call for you. After your request is reviewed you will receive confirmation from the treasurer's office.