



Office of Human Resources

Families First Coronavirus Response Act Leave Request Form

Employee Name: _____ **V#:** _____

The H.R. 6201 – Families First Coronavirus Response Act provides for two different types of leave. Please read the descriptions below. Select the one you are applying to use and state the facts that support your request.

Emergency Family & Medical Leave (FML) Request

An employee who has been on payroll for 30 days or longer is eligible for up to 12 weeks of job protected leave, if the employee meets the following criteria:

☐ The employee is unable to work or telework due to the need to care for a minor if the child's school or childcare has been closed or is unavailable due to a public health emergency.

The leave is combined with any other FML that may have been taken by the employee for other reasons, providing a total of 12 weeks for all qualified events in the past year.

The first 10 days of the leave would be unpaid, but the employee would have the option to substitute accrued vacation, personal or sick leave.

If you have accrued leave that you wish to use for the 10 days that are not paid by the Emergency Family Medical Leave, indicate which type of leave you request to use here. _____

The remainder of the leave is paid at two-thirds of the employee's regular rate of pay, with a maximum of \$200/day, \$10,000 maximum total.

If you request to use your accrued leave to make up the one-third difference, indicate which type of leave here
_____.

Emergency Paid Sick Leave

Employees are eligible for up to 80 hours of paid sick time (pro-rated for part-time) if they are not able to work or telework due to:

1. they are subject to a government quarantine or isolation due to COVID-19;
2. they have been advised by a healthcare provider to self-quarantine due to COVID-19;
3. they are experiencing the symptoms of COVID-19 and are seeking a diagnosis;
4. they are caring for an individual subject to or advised to quarantine or isolate;
5. they are caring for a child whose school or childcare is closed or unavailable due to COVID-19; or
6. they are experiencing substantially similar conditions as those specified by the Secretary of Health

Employees will receive up to their regular rate of pay not to exceed \$511/day or \$5,110 total when leave is taken for the first 3 reasons identified above. For the latter three reasons, the employee's compensation shall be two-thirds of their regular rate of pay up to \$200/day or \$2,000 total.

Part-time employees are entitled to a number of hours equal to the number of hours the employee works, on average, over a 2-week period.

For what reason you are applying to use your emergency paid sick leave? Enter # here: _____

Requested Leave Period: From: _____ To: _____ Name of Healthcare Provider: _____

Name of Person Caring For: _____ Relationship: _____

Name of Daycare/School: _____ Name of Child: _____

Signature: _____ Date: _____