



ADMINISTRATIVE SERVICES HUMAN RESOURCES  
**COVID-19 Leave Request**  
 (Emergency Sick Leave / Emergency Paid Family Medical Leave)

**SECTION 1: Leave Request**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Contact information while out on leave (phone and email): \_\_\_\_\_

I will need (choose one):  Continuous leave  Intermittent leave

*Intermittent leave requests will be considered on a case-by-case basis, subject to operational needs. If you are seeking intermittent leave, please specify the requested intermittent leave schedule:* \_\_\_\_\_

Dates of Leave: Anticipated Begin Date: \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

**SECTION 2: Reason(s) for Leave (check all applicable):**

I represent that I am unable to work or telework due to one or more of the following reasons:

- I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of Health Care provider: \_\_\_\_\_

- I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
- I am needed to care for an individual who is subject to a quarantine or isolation order based on a federal, state or local order or the advice of a health care provider. \*

Name of individual needing care and relationship to me: \_\_\_\_\_

- I am needed to care for my child because of the closure of my child's school or unavailability of my child's childcare provider due to COVID-19; I represent that no other suitable person will be providing care for the child while I am taking leave. \*

Name(s) of and age(s) of children being cared for: \_\_\_\_\_

If your child is over age 14 and you are needed to provide care during daylight hours, indicate the special circumstances justifying the need for care: \_\_\_\_\_

**\* During leave that requires care for an individual or care of your child due to school or childcare closure you will be paid 2/3 your daily wage to a MAX of \$200 per day.**

Please indicate your decision whether or not you want to supplement Leave with Accrued Leave:

- I do not want to supplement my leave with accruals
- I do want to supplement my leave with accruals.

**EMPLOYEES MUST CONTACT THEIR HR REP FOR SUPPLEMENT CALCULATION.**

**SECTION 3: Certification**

I certify that the information I provided above is true and correct.

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

Orig: Human Resources



## EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONOVIRUS REPOSE ACT

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The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

### ▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

<ol style="list-style-type: none"> <li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li> <li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li> <li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li> <li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li> </ol>	<ol style="list-style-type: none"> <li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li> <li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li> </ol>
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### ▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:  
**1-866-487-9243**  
TTY: 1-877-889-5627  
[dol.gov/agencies/whd](https://dol.gov/agencies/whd)



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