Full Name:_____

Date_____

School or Location:_____

Beginning Date of Requested Emergency Leave:_____

Number of Emergency Leave Days Requested:_____

Full-Time employee	Part-time employee	Avg Hours in a two-week period

Type of Emergency Leave Requested (*choose A or B, or A & B if applicable***):**

☐ **A. Emergency Paid Leave**:

MCS will provide paid leave for employees who are unable to work or telework as a result of a need for leave arising for any of the six following reasons. The rate of pay for paid leave depends on which of the six reasons below for which the employee is taking emergency leave. Full-time employees are entitled to up to 80 hours of emergency paid leave, part-time employees are entitled to an average number of hours they typically work in a two-week period.

If choosing "Emergency Paid Leave" above (A), please check <u>ONE (1)</u> *primary valid reason for emergency paid leave from below and* <u>provide Documentation of the reason</u> *for the leave, such as the source of any quarantine or isolation order, or the name of the health care provider who has advised self-quarantine.:*

☐ 1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;

☐ 2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;

☐ 3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;

☐ 4. Caring for an individual who is subject to quarantine

☐ 5. Caring for a son or daughter if the school or child-care provider is closed;

☐ 6. Any other substantially similar condition as specified by HHS.

☐ **B. Expanded Family Medical Leave**:

The new FFRCA law also makes changes to the Family Medical Leave Act provisions. Eligible employees will be able to take up to 12 weeks of leave for a "qualifying need related to a public health emergency". Such a need arises **ONLY** when an employee "is <u>unable to work (or telework)</u>" due to a need to care for his/her child(ren) (under age 18) if his/her child(ren)'s school or place of care has been closed, or his/her child(ren)'s child care provider is unavailable, due to an emergency with respect to COVID-19 declared by federal, state and/or local government. The first 10 days of such Family Medical Leave Act time off is unpaid, however, if an employee has earned paid leave, they may substitute up to 80 hours of accrued paid leave to receive pay during the first two weeks of FMLA time. For weeks 3 through 12 (10 weeks), the employee can receive a rate of pay two-thirds of his or her "regular rate" of pay (subject to a cap) for up to 80 hours. Choose **ONE (1)** of the below:

☐ I elect to use my accrued paid leave for the first 80 hours of FMLA Leave.

☐ I elect to use above Emergency Paid FFCRA leave for the first 80 hours of FMLA Leave.

☐ I elect to go UNPAID for the first 80 hours of FMLA Leave.

Employee Signature:_____

Administrator Signature:_____

HR Signature:_____