

Families First Coronavirus Response Act (FFCRA) Leave Request Form

Please complete the FFCRA form, timesheet, and any supporting documentation for your request and return it to Leslie Babic at

lbabibsu@buusd.org

or fax to 802-419-3500

Link for FFCRA Timesheet:

<https://resources.finalsite.net/images/v1601663747/bsuvtorg/exwngphyeoepvtzuxwbz/BUUSDCOVID-19FFCRATimesheet.pdf>

**If you have any questions please contact Leslie at 802-476-5011 x
1008.**

**You will be informed whether your leave will be designated as
FFCRA Leave.**

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) LEAVE REQUEST FORM

To request FFCRA paid leave, please complete both pages of this request form and submit to Human Resources as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided. Documentation supporting the need for leave must be included with this request. Employees will be informed whether leave will be designated as FFCRA leave.

Employee Name: _____

School: _____

Date Completed: _____

Title/Position: _____

Requested Leave Start Date: _____ End Date: _____

The amount of FFCRA leave being requested is _____ hours.

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

- 4) I am caring for an individual who is subject to either number 1 or 2 above.

- 5) I am caring for my child (up to age 14, or age 15-18 with special circumstances) whose school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions; and,
 I attest that no other suitable person is available to care for my child during the requested period of leave.
 I attest that special circumstances exist requiring my need for leave to care for a child ages 15-17.

- 6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and Secretary of Labor.

- I wish to take intermittent leave for reason #5 above, during the following days and hours:

Monday	Tuesday	Wednesday	Thursday	Friday
Hours:	Hours:	Hours:	Hours:	Hours:

I have completed page 2 and have attached documentation supporting my need for leave.

Employee Signature: _____ Date: _____

Employee Statement Supporting Leave I provide the following information in support of my request for FFCRA leave (complete all that apply):

#1 - Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order: Effective dates of the order:

#2 and #4- Leave due to a health care provider's advice to self-quarantine Name of the health care provider advising me or the individual I am caring for to self-quarantine:

Written documentation is available and attached: Yes No

Name and relation of the individual who I am needed to care for (#4):

Name: _____ Relation: _____

#3 – Leave due to experiencing symptoms of COVID–19 and seeking a medical diagnosis

I attest that I am experiencing symptoms COVID-19 and am seeking medical diagnosis. Initials: _____

#5 - Leave due to a school or place of child care closed due to COVID-19

Name of school or place of care or childcare provider: _____

Name and age of child(ren) I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

The special circumstances requiring my need for leave to care for a child ages 15-17 (if applicable) are:

The first 2 weeks under reason #5 are unpaid unless an employee requests FFCRA leave at 2/3 pay or requests their own accrued and appropriate leave at regular compensation.

My wish is to request: Unpaid _____ Request FFCRA leave _____ Accrued leave (leave type _____)

#6 Leave due to a substantially similar condition specified by the Secretary of Health and Human

Services in consultation with the Secretary of the Treasury and Secretary of Labor Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____

Date: _____

Families First Coronavirus Response Act (FFCRA)

FFCRA creates two new emergency leave benefits for eligible employees: (1) emergency paid family and medical leave and (2) emergency paid sick leave. Key provisions of FFCRA that will impact employers are summarized below. These leave benefits are set to expire 12/31/20. This paid leave does not count against an employee's contracted leave. Anyone requesting this leave must contact Human Resources.

Emergency Family Medical Leave (EFML)

Qualifying Reason for Leave: Employees who are unable to work (or telework) because they need to care for their child whose school is closed, or whose child care provider is unavailable due to COVID-19. **Eligibility:** Available to employees who have been employed a minimum of 30 days. **Duration:** Up to 12 weeks.

Compensation and Benefits:

- The first ten (10) days of EFML is unpaid, but employees may elect to substitute other paid leave benefits during this period, or EPSL leave as described below.
 - After the initial unpaid ten (10) day period, employees shall be paid two-thirds of their regular compensation, up to a maximum of \$200 per day or \$10,000 in the aggregate. If paid leave benefit is used, employees receive their regular compensation.
 - The FMLA's job protections apply to EFML.
- Certification:** Employees requesting EFML will be required to provide acceptable documentation to support the reason for leave.

Emergency Paid Sick Leave (EPSL)

Qualifying Reason for Leave: Employees who are unable to work (or telework) because the employee:

1. is subject to a federal, state, or local quarantine or isolation order due to COVID-19;
2. has been advised by a healthcare provider to self-quarantine related to COVID-19;
3. is experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. is caring for an individual who is quarantined or advised by a healthcare provider to self-quarantine;
5. is caring for a son or daughter (up to age 14, or 15-18 with special circumstances) if the school or place of care for the child has been closed, or the childcare provider is unavailable, due to COVID-19 related reasons;
6. is experiencing any other, substantially similar condition, as specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Eligibility: All employees for immediate use, regardless of their length of employment.

Duration: Up to two weeks (or up to the average number of hours worked over a two-week period). There is no carry-over of leave allowed or payout of unused leave upon separation.

Compensation:

- For reasons 1 - 3 above: Employees shall be paid their regular compensation, up to a maximum of \$511 per day.
- For reasons 4 - 6 above: Employees shall be paid either two-thirds of their regular compensation, up to a maximum of \$200 per day.

Certification: Employees requesting EPSL will be required to provide acceptable documentation to support the need for leave. This certification may include, but is not limited to, medical certification, quarantine orders, notice from the childcare provider/school.