FMLA LEAVE EXPANSION AND EMERGENCY PAID SICK LEAVE FORM

On March 18, 2020, the Families First Coronavirus Response Act ("Act") was enacted. For Nevada public agencies, including K-12 school districts and colleges, the Act includes two provisions that will immediately impact employees affected by the COVID-19 pandemic: the Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act ("Emergency FMLA"). See page 2 for additional information. These provisions become effective on April 1, 2020 and expires on December 31, 2020.

THIS FORM SHOULD BE SUBMITTED ON DAY 1 FOR EMERGENCY PAID LEAVE

Employee Name: Enter Employee Name   Employee ID: Enter Employee ID

School/Department: Enter School/Department   Position Title: Enter Position Title

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Section A

I am requesting emergency paid sick leave   ☐ Yes   ☐ No

I am unable to work due to:
- ☐ 1. I am subject to 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 related to COVID-19.
- ☐ 3. I am experiencing COVID-19 symptoms and is seeking medical diagnosis.
- ☐ 4. I am caring for an individual subject to an isolation order or self-quarantine.
- ☐ 5. I am caring for a child whose school or place of care is closed for reasons related to COVID-19.
- ☐ 6. I am experiencing any other substantially similar condition specified by the Federal Government.

Note: 100% of regular pay for reasons #1-3 ($511 per day or $5,110 in the aggregate), or 2/3's of regular pay for reasons #4-6 ($200 per day or $2,000 in the aggregate)

Description/Explanation of Emergency Situation:
Please provide appropriate available documentation (i.e. letter/note from doctor, childcare provider, etc.).

Dates of Leave: From: Click to Enter Date   **To:** Click to Enter Date

If employee wishes to exceed past the 2 weeks of emergency paid sick leave you may utilize vacation, sick, and comp time to extend.
☐ **Sick**   Enter #   Hours/Day   ☐ **Vacation**   Enter #   Hours/Day

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Section B – Note: Only eligible for 2/3's of your regular pay up to $200 per day or $2,000 in the aggregate.

I am requesting expanded FMLA (EFMLA):   ☐ Yes   ☐ No

☐ I am caring for a child whose school or place of care is closed for reasons related to COVID-19.

Dates of Leave: From: Click to Enter Date   **To:** Click to Enter Date

I wish to utilize my own accruals to supplement the emergency paid sick leave for the first two weeks?   ☐ Yes   ☐ No

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Employee Signature: _____   Date: _____

Administrator's Acknowledgement of Leave of Absence

☐ I acknowledge this Leave of Absence request.

Administrator's Name (Please Print): _____

Administrator's Signature: _____   Date: _____

HR Section/Internal Use Only

Is employee eligible?   ☐ Yes   ☐ No   Notes:

Cycle: ☐ A   ☐ B   ☐ 1-3   ☐ 4-6   **Dates:** *From:* Click to Enter Date
                                                                                  To: Click to Enter Date

                                                         Hours/Day: Enter #   **PERS:** ☐ Yes   ☐ No

HR Approval Signature: _____   Date: _____

Instructions For Use Of FFCRA Form

Employees should submit Expanded FMLA leave and Emergency Paid Sick Leave requests from day one (as opposed to the five-day rule for all other leaves that fall outside of this procedure).

1. The employee completes the appropriate sections of the form and forwards it to their principal/supervisor. The request should include a description/explanation of the emergency situation and any appropriate available documentation should be attached/included. Section A should be completed to request Emergency Paid Sick Leave. Section B should only be completed to request expanded FMLA and should only be completed if "caring for a child whose school or place of care is closed for reason related to COVID-19" is the basis.

2. The principal/supervisor acknowledges the request, signs, and forwards the form to Human Resources and copies the employee.

3. Your responses to the Description/Explanation of emergency situation portion will be reviewed by Human Resources.

4. Human Resources will approve or deny the request, and return a copy to the employee, principal/supervisor, the Benefits and Risk Management Coordinator, and Payroll Technician. Your responses to the Description/Explanation of the emergency situation portion will be reviewed by the Executive Director of Human Resources.

5. The school/site must hold the employee's position for their return.

6. Time and Attendance Reports should show approved leaves.

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The Department of Labor's (Department) Wage and Hour Division (WHD) administers and enforces the new law's paid leave requirements. These provisions will apply from April 1, 2020 through December 31, 2020.

Generally, the Act provides that employees of covered employers are eligible for:

- *Two weeks (up to 80 hours) of paid sick leave at the employee's regular* rate of pay where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or

- *Two weeks (up to 80 hours) of paid sick leave at two-thirds the employee's regular rate of pay* because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor; and

- *Up to an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee's regular rate of pay where an employee, who has been employed for at least 30 calendar days, is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.*

Please contact Human Resources with any questions.