



Families First Coronavirus Response Act (FFCRA) Leave Request

To request emergency paid sick leave or expanded FMLA leave as provided under the Families First Coronavirus Response Act (FFCRA), please complete the following request form and submit it to the Human Services Department as soon as possible before the leave begins. Documentation supporting the need for leave must be included with this request. Leave under the FFCRA will be in effect from April 1, 2020 through December 31, 2020. NSD's FMLA practice still applies to all other FMLA qualifying reasons for leave not covered the FFCRA.

Name		Date	
Position		Regular Location	
I hereby request the following leave of absence beginning:		Expected return date:	

I am requesting this emergency paid sick leave or expanded FMLA leave due to my inability to work (or telework) because (check the appropriate reason below and provide the related information in support of your request for emergency paid sick leave or expanded FMLA leave):

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

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

Effective dates of the order: _____

2. **I have been advised by a health care provider to self-quarantine due to illness and/or concerns related to COVID-19.**

Name of the health care provider advising me to self-quarantine (written documentation from your health care provider must be attached to this request): _____

3. **I am experiencing symptoms of COVID-19 and seeking a medical diagnosis** (written documentation from your health care provider must be submitted to the Human Services Department as soon as practicable).

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

Name of individual: _____ Relationship: _____

5. **I am caring for my child whose primary or secondary school or place of care has been closed, or my child care 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 special circumstances exist requiring my need for leave to care for a child ages 15-17.**

Name of school or place of care: _____

Name of child caregiver unavailable due to concerns related to COVID-19: _____

Name and age of child or children I am caring for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to: _____

The special circumstances requiring my need for leave to care for a child ages 15-17 are: _____

6. **I am experiencing another substantially similar condition specified by the secretary of health and human services.**

I understand and agree to the following provisions.

Leave Eligibility:

- For reasons 1-4, and 6 above**, a full-time employee is eligible for up to 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
- For reason 5 above**, a full-time employee is eligible for up to 12 weeks of leave (two weeks paid or unpaid sick leave (employee choice) followed by up to 10 weeks of paid expanded family and medical leave) at 40 hours per week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Compensation:

- For reasons 1-3 above**, emergency sick leave will be paid at the employees' regular rate of pay. Pay will not exceed \$511 per day and \$5,110 in total (over a two-week period).
- For reasons 4 and 6 above**, employees will be compensated at two-thirds (2/3) their regular rate of pay. Pay will not exceed \$200 per day and \$2,000 in total (over a two-week period).
- For reason 5 above**, leave will be unpaid for the first 10 days of leave; however, employees may use accrued paid vacation or personal leave during this time. The employee may also elect to use the paid leave provided under the Emergency Paid Sick Leave Act which would be paid at two-thirds (2/3) their regular rate for this purpose. After the first 10 days, leave will be paid at two-thirds (2/3) of an employee's regular rate of pay for the number of hours the employee would otherwise be scheduled to work. Pay will not exceed \$200 per day and \$10,000 in total, or \$12,000 in total if using emergency paid sick leave for the first two weeks. Any unused portion of this pay will not carry over to the next year. This time is included in, and not in addition to, the total FMLA leave entitlement of 12 weeks in a 12-month period.

Other:

- Paid emergency sick leave under this policy will not be provided beyond December 31, 2020. Any unused paid sick leave will not carry over to the next year or be paid out to employees.
- I agree to complete and return the medical certification form to the Human Services Department to substantiate any leave that is medical in nature, as well as provide medical status updates every 30 calendar days. I will provide a doctor's release authorizing my return to work.
- If I do not return to work or contact my supervisor or the Human Services Department on the date intended, it will be considered job abandonment, and I will relinquish my right to return to work.
- I understand that if I enter into a leave without pay status, my retirement deductions may be adjusted and my FTE may be reduced.

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action. I have included all necessary information in support of my request for emergency paid sick leave and/or expanded FMLA leave.

Employee Signature _____

Date _____

Please sign, date, and return to Human Services Department

HUMAN SERVICES DEPARTMENT USE ONLY

- Leave Approved:** FFCRA – Emergency Paid Sick Leave
 FFCRA – Expanded FMLA Leave
- Leave Denied**

Signature: _____ Date: _____
