Hamilton Unified School District

# FAMILIES FIRST CORONAVIRUS RESPONSE ACT: EMPLOYEE PAID LEAVE RIGHTS

Due to the passage of the Families First Corona Virus Response Act (HR 6201) you may be entitled to one or more of the emergency leave benefits listed below. These provisions will be effective from April 1, 2020 through December 31, 2020. Below is a summary of the new leave benefits but please refer to the DOL Notice for more detailed information.

## EFFECTIVE APRIL 1, 2020

**Public Health Emergency Paid Family Leave** (leave for childcare purposes for minor children related to school or daycare closures)

- Employee has been employed for at least 30 days to be eligible
- Employee needs to care for a minor child due to a school or childcare closure caused by public health emergency and is unable to work or telework.

*BENEFIT: Up to 12 weeks of leave. First two weeks paid at 2/3 rate with cap of $200.00 per day or $2,000 over the two week period, unless other leave is utilized (accrued vacation, comp, personal necessity). Additional 10 weeks at 2/3 pay up to a maximum of $200/day and $10,000.*

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**Emergency Paid Sick Leave**

1. Emergency Paid Sick Leave (self)
    a. Employee is unable to work due to government issued quarantine or isolation order related to COVID-19.
    b. Employee has been advised to self-quarantine by a healthcare provider related to COVID-19 and is unable to work.
    c. Employee is experiencing symptoms of COVID-19, is seeking diagnosis and is unable to work.
    d. Employee is experiencing "a substantially similar condition" to COVID-19 as specified by certain federal agencies and is unable to work.

*BENEFIT: Up to 2 weeks leave at full pay, up to a maximum of $511 per day and $5110 total for reasons (a.-c.). Up to 2 weeks leave at 2/3 pay, up to a maximum of $200 per day and $2000 total for reason (d.).*

2. Emergency Paid Sick Leave (care of others)
    - Employee is caring for an individual subject to government issued quarantine or isolation order related to COVID-19 or who is caring for an individual who has been advised to self-quarantine by a healthcare provider related to COVID-19 and is unable to work.
    - Employee is caring for a son or daughter whose school or childcare is closed or unavailable "due to COVID-19 precautions" and is unable to work.

*BENEFIT: Up to 2 weeks leave at 2/3 pay, up to a maximum of $200 per day and $2000 total. May be used to provide pay during the first 2 weeks of unpaid Public Health Emergency Leave.*

**IMPORTANT NOTES:**

- Emergency Paid Sick leave (self) and Emergency Paid Sick Leave (others) combined may not exceed 2 weeks total.
- The 12 weeks of Public Health Emergency Paid Family Leave is subject to the FMLA limits of 12 workweeks annually. These laws do not entitle you to an additional 12 workweeks of leave if you have already exhausted your leave for this year. Similarly, if you utilize this leave now, it will reduce your available leave for the next 12 months. However, even if you have exhausted your FMLA leave, you will be entitled to utilize Emergency Paid Sick Leave for qualifying reasons.
- These emergency benefits may be applied before the employee's regular accruals are used.

Hamilton Unified School District

# FAMILIES FIRST COVID-19 RESPONSE ACT LEAVE REQUEST

| Employee Name: | Job Title & Work Location: |
|---|---|

Type of Request: Select all that apply.

☐Public Health Emergency Paid Family Leave Dates of leave:_____ to _____

- Employee has been employed for at least 30 days.
- Leave is required to care for a minor child due to a school or childcare closure cause by public health emergency and employee is unable to work.

☐Emergency Paid Sick Leave (self) Dates of leave:_____ to _____

- Employee is unable to work due to government issued quarantine or isolation order.
- Employee has been advised to self-quarantine by a healthcare provider and is unable to work.
- Employee is experiencing symptoms of COVID-19, seeking diagnosis and unable to work.
- Employee is experiencing a "substantially similar condition" as specified by certain federal agencies and is unable to work.

☐Emergency Paid Sick Leave (care of others) Dates of leave:_____ to _____

- Employee is caring for someone subject to government issued quarantine, isolation order or is caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19 and is unable to work
- Employee is caring for a son or daughter whose school or childcare is closed or unavailable "due to COVID-19 precautions" and is unable to work.

My signature below assures that I meet the criteria listed above and qualify for Emergency Paid Leave as I am **unable to work, either at an assigned work site or in a remote assignment offered by the District.**

_____ _____

Signature Date

For HR use only below this line

| Eligibility verified by: | Date: |
|---|---|

Qualifies for _____ ☐Hours ☐Days at ☐2/3 Pay

Qualifies for _____ ☐Hours ☐Days at ☐Full Pay

Qualifies for _____ ☐Days at $200 per day

Qualifies for _____ ☐Days at $511 per day

Does not qualify. Reason:

*Completed copy to Employee and Payroll*