

Families First Coronavirus Response Act (FFCRA) General Information

Note to employees: Please verify with your department whether to complete this form or to complete a different form that is preferred by and provided by your elected official.

Effective April 1, 2020, employees are entitled to limited use, expanded FMLA leave under the Families First Coronavirus Response Act (FFCRA) and/or Emergency Paid Sick Leave under the Emergency Paid Sick Leave Act for COVID-19 related leave needed between April 1, 2020 - December 31, 2020

Leave under FFCRA is not intended for employees who are able to continue to work in the workplace, who are able to telework, or who have been temporarily reassigned other work. Leave under FFCRA is intended to assist employees who would otherwise have to use their accrued leave time because they must stay home due to COVID-19 related events and are unable to work or telework.

In response to questions that arise from the implementation of FFCRA leave, the Department of Labor is providing updates to their instructions and clarifications. As needed, the attached form will be updated to ensure compliance. To see the most current FFCRA related information, refer to sites updated by the Department of Labor:

FAQ: <https://www.dol.gov/agencies/whd/pandemic/ffcra-questions>
Fact Sheet (Employees): <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>
Fact Sheet (Employers): <https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave>
Additional Information: <https://www.dol.gov/agencies/whd/ffcra>

Procedural information for an FFCRA leave request:

1. Any employee requesting leave provided by this emergency legislation shall complete a form in accordance with the FFCRA; the employee completes all of the employee sections of the appropriate FFCRA leave form and submits the form to their department for approval.
2. The department ensures the employee sections are complete and correct; then, the department completes the employer section of the form, keeps a copy, gives a copy to the employee, and sends a copy of the completed form to hr@co.champaign.il.us.
3. Administrative Services reviews the form for completion and compliance, and works with the department on appropriate coding of leave and pay in Kronos.

Other information:

Employees will be asked to provide appropriate documentation of the reason for the leave, as well as documentation that provides reasonable support for such leave.

For additional information about this form, employee leave options, or employer leave options, refer to the DOL sites above, or contact your department head, elected official, or Administrative Services (hr@co.champaign.il.us).

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at $\frac{2}{3}$ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

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| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
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▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd





Families First Coronavirus Response Act (FFCRA) Application for Leave & Certification of Eligibility

Section A — Leave Eligibility — Completed by Employee

This information will be used to verify your FFCRA leave eligibility, and to calculate your correct leave pay.

Today's Date: ___ / ___ / _____	Status: _____ (FT, PT, Temp, etc.)
Your Name: _____	Weekly Hours: _____ (10, 20, 37.5, 40, etc.)
Department: _____	Annual Hours: _____ (2080, 1950, 1040, etc.)
Job Title: _____	Current Wage: _____ per hour
Hire Date: ___ / ___ / _____	2/3 Wage: _____ per hour
Leave Start: ___ / ___ / _____	Prior use of FFCRA since 4/1/2020? ___ (Y/N)
	Prior use of FMLA since 4/1/2019? ___ (Y/N)

Please provide the best way to contact you regarding any needed clarification or documentation:

Phone: _____
E-mail: _____

Please identify the type of leave(s) that will be used, and provide any clarification that will help your department and Administrative Services process and track your leave appropriately:

___ EPSL	Emergency Paid Sick Leave — Appropriate when you need up to 2 workweeks of paid sick leave to care for yourself or another due to COVID-19.
___ E-FMLA	Expanded FMLA — Appropriate when you need up to 12 workweeks of paid leave to care for your own child because their school and/or day care is closed due to COVID-19.
___ Administrative Leave	Appropriate when the department has determined a COVID-19 related reason for you to be (1) out of the office, (2) not working remotely, AND (3) readily available to be called in to work or to telecommute as needed.
___ Personal Leave	Appropriate when you will be unavailable to work due to non-COVID-19 related reasons, whether you are working, teleworking, on Administrative Leave, or otherwise taking EPSSL or E-FMLA leave.

If more than one type of leave is being requested, please clarify when and how the different leaves will be used.



Section B — Qualifying Reasons — Completed by Employee

Emergency Paid Sick Leave (EPSL)	Expanded FMLA (E-FMLA)
Up to 2 workweeks of fully or partially paid leave	Up to 12 workweeks partially paid leave <i>(For the first 2 workweeks, employee can elect EPSL #5, accrual use, or unpaid leave)</i>
<p>I am unable to work or telework for the following reason (select one):</p> <p><input type="checkbox"/> [1] I am subject to a federal, state or legal quarantine or isolation order related to COVID-19. <i>(full pay)</i></p> <p><input type="checkbox"/> [2] I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. <i>(full pay)</i></p> <p><input type="checkbox"/> [3] I am experiencing symptoms of COVID-19 and am seeking diagnosis. <i>(full pay)</i></p> <p><input type="checkbox"/> [4] I am caring for an individual who is subject to self-quarantine by a federal, state, or local order or was advised by a health care provider to self-quarantine. <i>(2/3 pay)</i></p> <p><input type="checkbox"/> [5] I am caring for my son or daughter because their school or place of care has been closed due to COVID-19 precautions. <i>(2/3 pay)</i></p> <p><input type="checkbox"/> [6] I am experiencing other conditions substantially similar to COVID-19 as specified by the Dept. of Health and Human Services. <i>(2/3 pay)</i></p>	<p>I am unable to work or telework (select all that apply):</p> <p><input type="checkbox"/> I am caring for my child because their school or place of care has been closed due to COVID-19 precautions, and</p> <p><input type="checkbox"/> I have been employed by Champaign County for at least 30 calendar days.</p>

Section C — Supporting Documentation — Provided by Employee

Select all of the options that apply; please provide any relevant documentation ASAP:

<input type="checkbox"/> Name of the government entity issuing quarantine or isolation order: _____
<input type="checkbox"/> Name & number of the healthcare professional advising self-quarantine: _____
<input type="checkbox"/> Who authorized the test and the date of expected results: _____
<input type="checkbox"/> Name of the person you are caring for, and your relationship to that person: _____
<input type="checkbox"/> If that person is a child, the child's age and the provider that is closed due to COVID-19: _____
<input type="checkbox"/> The condition similar to COVID-19 is: _____
<input type="checkbox"/> I have provided a separate statement explaining the special circumstances that require me to provide care for a child older than 14 years of age during my regular working hours.
<input type="checkbox"/> I certify that no other suitable person is available to care for the child during the period of requested leave: _____. <i>(Employee initials)</i>



Section D — Leave Details — Completed by Employee

Expected duration of requested leave:

Date Leave Will Begin: ___ / ___ / _____
Date Leave Will End: ___ / ___ / _____ (*1st day back would be the next business day*)

Identify whether you are requesting continuous OR intermittent leave:

My leave will be continuous and in full-day increments from the begin date through the end date because (check all that apply):

- Due to quarantine, isolation, or symptoms, or due to caring for someone subject to quarantine, isolation, or symptoms, I cannot work on premises until the qualifying condition has been resolved.
- I cannot telework or work remotely because my job duties can only be performed onsite.
- I cannot telework or work remotely due to the COVID-19 qualifying conditions.

Request for Intermittent Leave (check all that apply):

- Due to quarantine, isolation, or symptoms, or due to caring for someone subject to quarantine, isolation, or symptoms, I cannot work on premises until the qualifying condition has been resolved, but I expect to be available and able to work remotely or telework for part of the time.
- Due to the COVID-19 related need for me to provide childcare, I need to be at home during my normal working hours, but I expect to be available and able to work remotely or telework for part of the time.
- Due to the COVID-19 related need for me to provide childcare, I need to be at home during some of my normal working hours, but I will be available to work onsite during some of my normally scheduled hours.
- I understand that intermittent leave will only be approved and arranged if my employer and I mutually agree to it.

Therefore, I request intermittent leave; details of this request are below:



Section E — Pay Information and Preferences — Completed by Employee

Select the option that best summarizes the leave you are requesting:

- I have requested leave because of my own COVID-19 related isolation, self-quarantine, symptom, diagnosis, or testing (i.e., reasons 1, 2, or 3). I am eligible for up to 2 workweeks of leave at full pay. *(FFCRA pay has a limit of \$511 for an 8-hour day, with a max of \$5,110 over a two-week period.)*
- I have requested leave because I am caring for someone else who is subject to COVID-19 related isolation, self-quarantine, symptom, diagnosis, or testing (i.e., reason 4), or because I am experiencing other conditions substantially similar to COVID-19 (i.e., reason 6). I am eligible for up to 2 workweeks of leave at 2/3 pay. *(FFCRA pay has a limit of \$200 for an 8-hour day, with a max of \$2,000 over a two-week period.)*
- I have requested leave because to provide childcare for my own child due to COVID-19 related closings of schools or child care providers. I am eligible for up to 12 weeks of leave at 2/3 pay, up to \$200 for an 8-hour day, with a max of \$12,000 over a twelve-week period, and subject to aggregate FMLA leave limits. *(FFCRA pay has a limit of \$200 for an 8-hour day, with a max of \$2,000 over a two-week period.)*

For employees who are regularly scheduled for fewer than 40 hours per week, the FFCRA pay and limits will be reduced in proportion to the number of regularly scheduled hours.

I am requesting: Up to _____ workweeks of leave at _____ hours per week

My FFCRA pay will be: _____ per hour

My regular pay will be: _____ per hour

***** If your FFCRA pay will be the same as your regular wage, skip to Section F *****

If your FFCRA pay will be less than your regular wage, select one option below.

- I elect **NOT to supplement** FFCRA leave partial pay leave with my accrued time. I understand and acknowledge that I will not receive 100% for FFCRA leave: _____ *(Employee initials)*
- I would like to **supplement** FFCRA leave partial pay with my accrued time **up to 100% pay** for all applied FFCRA leave time until or unless my accrued time is exhausted; during that time I will receive only FFCRA leave partial pay. I would like to use my accrued time off in the following order:
- I would like to supplement FFCRA leave partial pay with my accrued time, but not up to 100% or not for all applied FFCRA leave time. Here are the details of my request regarding supplemental pay:



Section F — Employee Acknowledgement

- I understand that I must be unable to work, including telework, due to one of the reasons listed above to qualify for leave under EPSL or E-FMLA.
- I understand that I am expected to promptly provide supporting documentation for my reason for leave.
- I understand that in the case of my own COVID-19 health condition, or of the COVID-19 health condition of someone in my care, I will not be permitted to return to my workplace until I provide return-to-work letter from my health care provider, or I have met all of the requirements for discontinuing isolation according to the most recent recommendations from the CDC or Public Health.
- I understand that I will accrue benefit time based on the percent of pay during leave; e.g., if I receive 2/3 pay, I will earn benefit time at a 2/3 rate.
- While on leave, I understand my group health coverage, if applicable, will be maintained and I must continue to make any normal contributions unless I elect to discontinue coverage.

Check this box to certify you have read and understand the above conditions for leave, and that you believe the information you have provided on this form is correct.

Name and Signature of person requesting the leave:	Date:
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Section G — Duration, Calculation, and Summary of Leave — Provided by *EMPLOYER*

Employer — Select the option that best summarizes the leave that has been approved:

- The employee has requested leave because of their own COVID-19 related isolation, self-quarantine, symptom, diagnosis, or testing (i.e., reasons 1, 2, or 3). They are entitled to up to 2 workweeks of leave at full pay, up to \$511 for an 8-hour day, with a max of \$5,110 over a two-week period.
- The employee has requested leave because they are caring for someone else who is subject to COVID-19 related isolation, self-quarantine, symptom, diagnosis, or testing (i.e., reason 4), or because they are experiencing other conditions substantially similar to COVID-19 (i.e., reason 6). They are entitled to up to 2 workweeks of leave at 2/3 pay, up to \$200 for an 8-hour day, with a max of \$2,000 over a two-week period.
- The employee has requested leave to provide childcare for their own child due to COVID-19 related closings of schools or childcare providers. They are entitled to up to 12 weeks of leave at 2/3 pay, up to \$200 for an 8-hour day, with a max of \$12,000 over a twelve-week period, and subject to aggregate FMLA leave limits. For the 1st two weeks, the employee may use EPSL, accruals, or unpaid leave.

Summarize any other key elements of the leave agreement,
(Include dates, schedules, pay expectations, and expectations regarding intermittent leave or telework.)

Name and Signature of person approving the request:	Date:
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