

**CORONAVIRUS FAMILIES
FIRST RESPONSE ACT
("FFCRA")
LEAVE REQUEST**

If the employee believes they qualify for a leave based on one of the six leave entitlements listed on the Families First Coronavirus Response Act (FFCRA) flyer, the employee should contact their department's FMLA liaison for assistance in completing this form with all necessary paperwork. The FFCRA form should be submitted to Human Resources using the COVID19leave@nasboces.org email address.

Date of Request: _____

Employee Name: _____ ID# _____

Job Title: _____ Location: _____

Requested Leave Dates: _____, 2020 until _____, 2020

I am requesting Emergency Paid Sick leave. I am unable to work or telework for the following reason (check only one):

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

A copy of this order is attached and the name of the governmental entity ordering the quarantine is: _____

2. I have been advised by a health care provider to self-quarantine because of COVID-19 concerns.

A copy of this order is attached, and the name of the health care provider advising the self-quarantine is: _____

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

4. I am caring for an individual (choose one):

Subject to a federal, state, or local quarantine or isolation order. A copy of this order is attached and the name of the governmental entity ordering the quarantine is: _____

Advised by a health care provider to self-quarantine because of COVID-19 concerns. The name of the health care provider advising the self-quarantine is:

The name of the individual I am caring for is: _____

My relation to this individual is: _____

5. I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons. By signing below, I certify that no other person will be providing care for the child during the period for which I am receiving leave.

Name and age of child(ren): _____

Name of school/childcare that is unavailable: _____

Regular hours of school/childcare: _____

I am also requesting E-FMLA to care for my child. Employees may, but are not required to, substitute paid leave, for the unpaid portion of E-FMLA.

Please check leave you would like to use:

SICK LEAVE VACATION PERSONAL

6. I am experiencing other substantially similar conditions specified by the U.S. Department of Health and Human Services.

I acknowledge that the Nassau BOCES may seek reasonable certification of my need for leave.

By submitting this entry, I certify that all information is correct and truthful. Misrepresentation of time accrual is subject to discipline, including, possible termination. Also, filing a false instrument with Nassau BOCES may constitute a misdemeanor.

Employee Signature



NOTICE TO EMPLOYEE

For more information, please see the attached notice titled “Employee Rights - Paid Sick Leave and Expanded Family and Medical Leave Under the Families First Coronavirus Response Act.”

Duration of Leave

For reasons (1-4) & (6): A full-time employee is eligible for 2 weeks of paid sick leave, and a part-time employee is eligible for the number of hours of paid sick leave that the employee works on average over a two-week period.

For reason (5): A full-time employee is eligible for up to 12 weeks of paid sick leave and expanded family and medical leave. The first 2 weeks of Expanded Family and Medical Leave are unpaid. Employees may use paid sick leave for the first 2 weeks if they are eligible based on a COVID-19 related reason or employees may elect to use accrued time off for the unpaid days. A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Calculation of Pay

For leave reasons (1), (2), or (3): employees taking paid sick leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

For leave reason (4 & 6): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

Employees should contact Human Resources if they have any questions.

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;
- ⅔ 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 ⅔ 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

