

Employee Request for Emergency Family and Medical Leave

Employees requesting Emergency Family and Medical Leave pursuant to the FFCRA (Families First Coronavirus Response Act) must complete this form. Eligible Employees are entitled to 12 weeks of leave, the first 10 days of which are unpaid.

Employee Name:	
Employee Home Address:	
Employee Telephone Number:	E-mail:
Request for leave or	Request for Extension of Leave
Start date of Leave:	Anticipated return to work date:
<p>Reason for Leave. I hereby certify that I am unable to work (including by means of telework) due to a need to care for a child under the age of 18 because the child's school or place of care has closed, or the childcare provider is unavailable because of COVID-19, and no other person will be providing care during the period for which I am requesting Emergency Family and Medical Leave.</p> <p>Name of Child: _____ Age of Child: _____</p> <p>Name of school or other place of care that has closed: _____</p> <p>Name of Child: _____ Age of Child: _____</p> <p>Name of school or other place of care that has closed: _____</p>	
<p>Special Circumstances: If leave is required during daylight hours to care for a child over the age of 14, describe the special circumstances that require you to provide such care:</p> 	
Continuous Leave or	Intermittent Leave
If intermittent leave, please describe the need for and nature of your intermittent leave:	

Substitution of Paid Leave: Pursuant to the FFCRA, the first 10 days of your leave is unpaid, however, you may be eligible to use your own accrued time or to use emergency sick leave provided through the FFCRA (please fill out the Emergency Paid Sick Leave Form to apply and determine eligibility). Please indicate the designated hours you plan to use. Please note that use of sick time must be in accordance with existing company policy.

Vacation/PTO (____ Hrs.) Sick leave (____ Hrs.) Personal (____ Hrs.) Other (____ Hrs.)

Supplementing Accrued Leave: After the first 10 days, paid leave pursuant to the FFCRA is at 2/3 of your regular rate of pay. You may supplement your paid leave with accrued time to make whole. You are not required to utilize paid leave. Please indicate below if you would like to supplement your leave with accrued time. Please note that use of sick time must be in accordance with existing company policy.

Vacation/PTO (____ Hrs.) Sick leave (____ Hrs.) Personal (____ Hrs.) Other (____ Hrs.)

I certify that the above information is accurate. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action up to and including termination of employment.

Employee signature:

Date:

Human Resources signature:

Date:

FEDERAL 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 the Federal government to provide all of its employees with paid sick leave and, for employees who are covered under Title I of the Family and Medical Leave Act (FMLA), with 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, the Federal government must provide Federal 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; and
- $\frac{2}{3}$ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total.

Federal employees including those not covered under Title I of the FMLA can receive either $\frac{2}{3}$ of the higher of their regular rate of pay, or the applicable state or Federal minimum wage for the two-week period for qualifying reason #5 below. However, for leave under qualifying reason #5, Federal employees covered under Title I of the FMLA can receive 10 additional weeks of expanded family and medical leave for reason #5 below, 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

All Federal employees are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Federal employees who are covered under Title I of the FMLA and have been employed for at least 30 days prior to their leave request are eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

Most federal employees are not covered under Title I of the FMLA and so would not be eligible for partially paid expanded family and medical leave. Please consult with your agency to determine whether you are covered under Title I of the FMLA. The Office of Personnel and Management will issue guidance on this question.

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

A Federal 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 for Federal employers covered under Title I of the FMLA. 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. Federal employers covered under Title I of the FMLA 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



WH1423 REV 03/20