

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 10 weeks more 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





North Point Educational Service Center

FFCRA Employee Leave Form

*The Families First Coronavirus Response Act (FFCRA) requires the provision of paid sick leave or expanded family and medical leave for reasons related to COVID-19. These provisions are effective through December 31, 2020. See **attached FFCRA At-A-Glance document for additional information.***

Name: _____ Position: _____

Date: _____ Building: _____

Please select the qualifying reason for the leave request:

- 1. Subject to Federal, State or local quarantine order related to COVID-19
- 2. Advised by health care provider to self-quarantine related to COVID-19
- 3. Experiencing COVID-19 symptoms and seeking a medical diagnosis
 - If a medical diagnosis has been provided, please indicate date of diagnosis:
- 4. Caring for an individual subject to an order described in (1) or (2) above
 - Please provide name and relationship status of individual being cared For:
- 5. Caring for a child whose school or place of care is closed for reasons related to COVID-19
 - Please provide the following:
 - Name of child: _____
 - Age of child: _____
 - Name of school/childcare provider: _____

 - Phone number of school provider: _____
- 6. Experiencing a substantially-similar condition specified by the Secretary of Health and Human Services:

Employee Signature: _____ Date: _____

Please submit form to John Ruf (jruf@npesc.org).

Families First Coronavirus Response Act (FFCRA) At-A-Glance

Type of Leave	Reason for Leave	Leave Benefit
EMERGENCY PAID SICK LEAVE (available immediately upon employment)	<ul style="list-style-type: none"> Governmental quarantine Isolation order related to the pandemic Shelter-in-place or stay-at-home order 	<ul style="list-style-type: none"> Up to 80 hours (2 weeks/10 days) Full pay up to \$511/day and an aggregate of \$5,110
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2	A health care provider's recommendation to self-isolate because the employee has been exposed to COVID-19 or when an employee's pre-existing health condition makes them particularly vulnerable to the virus.	<ul style="list-style-type: none"> Up to 80 hours (2 weeks/10 days) Full pay up to \$511/day and an aggregate of \$5,110
3	A medical diagnosis when an employee is experiencing COVID-19 symptoms, such as fever, chills, shortness of breath, cough, sore throat, or a new loss of taste or smell.	<ul style="list-style-type: none"> Up to 80 hours (2 weeks/10 days) Full pay up to \$511/day and an aggregate of \$5,110
4	To care for an individual who is subject to quarantine or has been advised to self-quarantine and is unable to care for themselves.	<ul style="list-style-type: none"> Up to 80 hours (2 weeks/10 days) 2/3 pay* up to \$200/day and an aggregate of \$2,000 <i>*The employee may choose to supplement with other applicable leave to receive full pay.</i>
5	To care for their child when the child's school or childcare provider is closed due to the virus and the employee is needed to care for the child.	<ul style="list-style-type: none"> Up to 80 hours (2 weeks/10 days)* 2/3 pay** up to \$200/day and an aggregate of \$2,000. <i>*See Expanded Emergency FMLA below.</i> <i>**The employee may choose to supplement with other applicable leave to receive full pay.</i>
6	When the employee is experiencing any other substantially similar condition specified by the Department of Health and Human Services in consultation with the Department of the Treasury and the Department of Labor.	<ul style="list-style-type: none"> 2/3 pay* up to \$200/day and an aggregate of \$2,000 <i>*The employee may choose to supplement with other applicable leave to receive full pay.</i>
EXPANDED EMERGENCY FMLA (available after 30 days of employment)	Available to an employee who is unable to work or telework because they are needed to care for their child whose school or childcare provider is closed due to the coronavirus.	<ul style="list-style-type: none"> Up to 10 weeks, <u>intended to be used in conjunction with the two weeks of Emergency Paid Leave</u>, for a total of 12 weeks of leave. 2/3 pay* up to \$200/day and an aggregate of \$10,000 (plus any amount available under Emergency Paid Leave). <i>*An employer may require that an employee supplement with other accrued paid leave if required under a policy or CBA.</i>