

Families First Coronavirus Response Act (FFCRA) – Guidance and Employee Leave Request Form

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Families First Coronavirus Response Act (FFCRA) – Guidance and Employee Leave Request Form

The Families First Coronavirus Response Act (FFCRA) was signed into law March 18, 2020. The FFCRA, effective April 1, 2020 through December 31, 2020, includes two additional types of leave for employees impacted by COVID-19: Emergency Paid Sick Leave and Family and Medical Leave (EFMLA). Each type of paid leave has specific eligibility requirements and overall restrictions on the total amount of pay an employee may receive when taking leave.

Emergency Paid Sick Leave Act (EPSL)

The Emergency Paid Sick Leave Act provides up to 80 hours of paid sick leave to eligible employees under any of six qualifying reasons related to COVID-19.

Emergency Family and Medical Leave Expansion Act (EFMLA)

The Emergency Family and Medical Leave Expansion Act (EFMLA) expands the federal Family and Medical Leave Act to provide leave for eligible employees who are unable to work or telecommute as a result of having to care for the employee's child due to a COVID-19 related closure of a school or childcare center.

Both types of paid leave provisions take effect April 1, 2020, and both expire Dec. 31, 2020.

NOTE: The leave provisions of the FFCRA are only for those eligible employees who cannot work, including telecommuting, as a result of COVID-19. As directed by Governor Henry McMaster in his executive orders, state agencies should first offer telecommuting opportunities to employees to the maximum extent possible and offer paid leave available to employees under the FFCRA only if telecommuting opportunities have been exhausted. An employee cannot refuse work, unless the grounds for the request prevent the employee from working, including telecommuting. As an example, an employee may only take paid leave due to “Federal, State, or local quarantine or isolation orders” (the first of the six qualifying reasons) if being subject to one of these orders prevents the employee from working. According to the Department of Labor, an employee may not take paid sick leave, if:

- the employer has work for the employee to perform,
- the employer permits the employee to perform that work from a remote location (e.g., where the employee is self-quarantining), and
- there are no extenuating circumstances that prevent the employee from performing work.

Therefore, an employee may not take FFCRA leave simply because he or she prefers it to the telecommuting opportunities offered by the employer. Instead, an employee may only take FFCRA leave if one of the qualifying reasons for leave prevents the employee from performing the work offered.

For more information on the FFCRA and new leave provisions, including frequently asked questions and the US Department of Labor’s informational poster, access the Office of Human Resources’ [FFCRA webpage](#).

Employee Responsibilities:

Step I: Determine if you are applying for:

1. Emergency Paid Sick Leave (EPSL),
2. Emergency Family Medical Leave (EFMLA), or
3. Emergency Paid Sick Leave AND Emergency Family Medical Leave **Note:** Emergency Paid Sick Leave can be used during the first 10 days of EFMLA to provide payment during the initial 10 days of EFMLA which is not paid.

Step II: Gather documentation to support your request. Suggested documentation is in the table below. Complete and sign the enclosed “EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE (EPSL) AND/OR EXTENDED FAMILY AND MEDICAL LEAVE (EFMLA).” Obtain your supervisor or department head signature on the form.

Step III: Submit the completed form to FMLA@clemsont.edu.

Step IV: Enter your paid or unpaid leave in the Kronos leave tracking system prior to the end of the pay week. Contact your supervisor if you need assistance entering leave.

FFCRA LEAVE REASON AND PAY RATE	SUGGESTED DOCUMENTATION
1.The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID-19. (Leave provided at regular rate of pay up to \$511.00 per day.)	The name of the government entity that issued the quarantine or isolation order to which the employee is subject and confirmation that the employee is not required to physically report to work, that all telecommuting options have been explored and there is no option for telecommuting.
2.The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (Leave provided at regular rate of pay up to \$511.00 per day.)	The name of the healthcare provider who advised self-quarantine for COVID-19 related reasons.
3.The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Leave provided at regular rate of pay up to \$511.00 per day.)	Confirmation of a doctor’s appointment or a written statement from the employee that the employee is experiencing applicable symptoms and describing the affirmative steps the employee has taken to obtain a medical diagnosis. A statement that no suitable arrangements can be made for the employee to telecommute.
4.The employee is caring for an individual who is subject to an order as described in subparagraph 1 or has been advised as described in reason 2. (Leave provided at two-thirds the employees’ regular rate of pay up to \$200.00 per day.)	(1) The government entity that issued the quarantine or isolation order to which the individual is subject or (2) the name of the healthcare provider who advised the individual to self-quarantine, depending on the precise reason for the request. A statement that no suitable arrangements can be made for the employee to telecommute.
5.The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions. (Leave provided at two-thirds the employees’ regular rate of pay up to \$200.00 per day.)	(1) The name of the child being cared for; (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and (3) a statement representing that no other suitable person is available to care for the child during the period of requested leave and that no suitable arrangements can be made for the employee to telecommute.
6.The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (Leave provided at two-thirds the employees’ regular rate of pay up to \$200.00 per day.)	If leave is being taken for this reason, please contact Ask-HR for additional information.

Supervisor Responsibilities:

Step I: If an employee requests this type of leave, discuss telecommuting options and flexible work arrangements to help the employee decide if leave should be taken continuously or intermittently, or if other telecommuting options can be arranged. Per the Governor’s executive orders, state agencies should first offer telecommuting opportunities to employees to the maximum extent possible and offer paid leave available to employees under the FFCRA only if telecommuting opportunities have been exhausted. If intermittent leave is a workable solution, establish and document the intermittent/flexible work schedule. If work is available and the employee declines the work opportunities presented, or if no telecommuting opportunities are available, please contact [Ask-HR](#) before signing this form.

Step II: Sign the form on the Supervisor Signature line and return the signed form to the employee for submission.

Questions?

If you have any questions regarding the Families First Coronavirus Response Act, please submit an inquiry to [Ask-HR](#).

EMPLOYEE REQUEST FOR EMERGENCY PAID SICK LEAVE (EPSL) AND/OR EMERGENCY FAMILY AND MEDICAL LEAVE (EFMLA)

Employees requesting Emergency Paid Sick Leave (EPSL) and/or Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. Before completing this form, please review the information on the Office of Human Resources' [FFCRA webpage](#). When requesting leave, provide as much advance notice as is reasonably practicable. Submit this request form to your supervisor or department head for review before the leave is to commence.

Employee Name: _____ EMPL ID: _____ Hire date: _____

Employee Mailing Address: _____ Clemson Email: _____

Home Phone Number: _____ Cell Phone Number: _____

Supervisor Name: _____ Department: _____

This is a (choose one): New request for leave Request for an extension of leave

I will need (choose one): Full-time (continuous) Intermittent (sporadic) *

* Briefly describe the nature of your intermittent leave, including anticipated number of leave hours per day:

Begin Date of Leave: _____ Expected Return to Work Date: _____

I. Emergency Paid Sick Leave (EPSL): Provides up to 80 hours of paid sick leave for eligible employees.

Below are the conditions under which you may qualify for Emergency Paid Sick Leave. Please select all that apply.

- 1. You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- 2. You have been advised by a healthcare provider to self-quarantine related to COVID-19.
- 3. You are experiencing COVID-19 symptoms and are seeking medical diagnosis.
- 4. You are caring for an individual subject to a Federal, State, or local quarantine or isolation order related to COVID-19 OR you are caring for an individual who has been advised by a healthcare provider to self-quarantine related to COVID-19.
- 5. You are caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.
- 6. You are experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

II. Extended Family Medical Leave Act (EFMLA): Expands the Federal Family and Medical Leave Act to provide leave for employees who are unable to work, including work-from-home, as a result of having to care for a son or daughter due to a COVID-19 related closure of a school or childcare center.

Note: You may be eligible for both Emergency Paid Sick Leave (EPSL) and EFMLA.

Are you requesting benefits under the Family and Medical Leave Act (FMLA) because you are caring for a son or daughter whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19?

(Choose one) Yes No

III. Supervisor Acknowledgement

Supervisor Signature: _____ Date: _____

Note to Supervisor: Your signature serves as an acknowledgment of the request and indicates your certification that no telecommuting or flexible schedule arrangements could be made for the employee to continue work.

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:

- | | |
|---|---|
| <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

