

Families First Coronavirus Response Act (FFCRA)

Emergency Sick Leave Request

[DHRM reserves the right to revise this form]

Employees must complete and submit the signed document to their supervisor prior to taking leave. **Prior supervisory approval is required for all leave usage.** Employees must maintain communications with a supervisor (or their Agency HR representative) as instructed by Agency management.

Section I. EMPLOYEE INFORMATION

EMPLOYEE NAME				EMPLOYEE ID	
EMPLOYMENT STATUS	Full-Time Salaried	Part-Time Salaried	Wage	Faculty	Adjunct Faculty
Select One					

EMERGENCY SICK LEAVE – MAXIMUM LEAVE HOURS ELIGIBILITY

To be used for ten work-days: Up to 80 hours for Full-time employees. Part-Time employees receive up to a pro-rated maximum equivalent to their percentage of full-time status. Adjunct and Wage/Hourly may receive up to the number of hours worked on average over a two-work week period.

Section II. EMERGENCY SICK LEAVE REQUESTED – REASONS 1, 2 OR 3

Select one of the options listed below if you are unable to work or telework

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Self-isolating due to COVID-19 positive diagnosis |
| <input type="checkbox"/> | 2. Symptomatic for COVID-19 and seeking a medical diagnosis |
| <input type="checkbox"/> | 3. Complying with recommendations of health care provider or public health official to self-isolate due to COVID-19 concerns |

For the above leave reasons 1, 2 or 3: Pay will be at 100% of regular rate of pay including non-discretionary compensation up to a maximum of \$511.00 per day and \$5,110.00 for up to ten workdays. An employee whose earnings exceed the maximum earnings may use personal leave to achieve their full pay.

Section III. EMERGENCY SICK LEAVE REQUESTED – REASONS 4, 5 OR 6

Select one of the options below if you are unable to work or telework

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 4. To care for an individual who is quarantined or advised to self-isolate |
| <input type="checkbox"/> | 5. To care for a son or daughter in school or child care facility/provider is closed or unavailable due to COVID-19 |
| <input type="checkbox"/> | 6. Experiencing substantially similar condition as specified by the US Secretary of Health and Human Services |

For leave specific to Reasons 4 or 6: pay will be at 2/3 of the employee's regular rate of pay up to \$200.00 per day and \$2,000.00 total for the ten work days;

For leave specific to Reason 5: paid at 2/3 of the regular rate up to \$200.00 per day and \$2,000.00 total for the ten work day period with the potential for leave to extend into expanded Family Medical Leave for up to ten weeks. (See the Expanded Family Medical Leave for FFCRA form.)

An employee whose earnings exceed the maximum earnings may use personal leave to achieve their full pay.

Dates of Leave Requested (e.g.: 04/01/2020 to 04/10/2020)

to

Note: Emergency Sick Leave is available between April 1, 2020 and December 31, 2020. There is no carry over.

Request to Supplement Pay with Personal Leave to achieve 100% Pay. Wage employees may supplement with remaining PHEL hours.	Yes	No
<p>If selected "Yes" to supplement pay with personal leave, identify the preferred leave types to use first, second and third. Applicable leave includes Sick Leave, Family/Personal, Annual, Compensatory, Overtime or Recognition Leave.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Note: Once a leave balance is exhausted, the next option listed will be applied. Employees who are on leave for 90 consecutive calendar days will cease earning annual leave accruals in accordance with DHRM Policy 4.10, Annual Leave</p>		
<p>My signature below confirms my request for the Emergency Sick Leave is for the reason identified in Sections II or III of the Emergency Sick Leave Request Form. For leave specific to Reason #5, I am the parent or legal guardian of a son/daughter under the age of eighteen for whom I am providing daily care for the term of the leave request. I further understand that providing false information and/or misuse of this leave is subject to disciplinary action up to and including termination; and repayment of the monies paid to me for the use of this paid leave as provided by the Commonwealth of Virginia.</p>		
Employee Signature:		Date (mm/dd/yyyy):
Supervisor Signature:	Approved: Denied:	Date (mm/dd/yyyy):
If not approved, explain:		

To Be Completed by Agency Human Resources Staff or Agency Leave Coordinator
Date Leave Request Received (mm/dd/yyyy):
Documentation submitted by employee:
Date Documentation Received (mm/dd/yyyy):

Other Considerations for Leave Coordinators and Benefit Administrators:

- Dates Recorded in Time and Leave System
- Calculation of 2/3 pay and leave hours needed to supplement to 100% pay per pay period (use the spreadsheets located on DOA's Payroll Support Office's website.)
- Record and track Supplemental Leave Used per week

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