

**FAMILY FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
& OREGON FAMILY LEAVE ACT (OFLA)
LEAVE REQUEST FORM**

(Complete, sign, email to payroll@fernridge.k12.or.us or deliver to District Office)

Employee Name: _____

Leave Start Date: _____

Leave End Date: _____

Reason for requested leave: Note: Different eligibility requirements may apply depending on the type of leave requested. Fern Ridge School District will select the leave(s) that is/are most beneficial to the employee if the employee is eligible under various laws.

Reason for requested leave:

_____ **(1) Quarantine:** To comply with a Federal, Oregon or local quarantine or isolation order related to COVID-19. *This includes shelter-in-place or stay-at-home orders issued by any Federal, Oregon or local government authority that causes employees to be unable to work, even though the employer has work for the employee to do.*

Name of Government Entity that issued the quarantine or isolation order:

_____ **(2) Self-Quarantine:** I have been advised by my healthcare provider to self-quarantine due to concerns related to COVID-19.

Name of Health Care Provider: _____

_____ **(3) Diagnosis or Treatment:** I am experiencing symptoms of COVID-19 and am seeking medical diagnosis or treatment. *This leave is limited to time the employee is unable to work because the employee is taking steps to obtain a medical diagnosis, such as making, waiting for or attending an appointment for a test for COVID-19.*

Name of Health Care Provider: _____

_____ **(4) Care for a Quarantined Individual:** I am caring for an individual required to be quarantined or advised to be quarantined due to concerns related to COVID-19.

Name of Individual: _____

Name of Health Care Provider advising quarantine:

Name of Government Entity that issued the quarantine or isolation order:

_____ **(5) Child Care (EPSLA/EFMLEA/OFLA):** My child/son/daughter's school or child care provider/ place of care has been closed or is unavailable due to COVID-19 related issues.

Name of Elementary or Secondary School:

Name of Child Care Provider:

Name of Child(ren) and Employee's Relationship to Child(ren):

_____ **(6) Substantially Similar Care:** I am caring for a substantially similar condition, as determined by the U.S. Secretary of Health and Human Services.

Name of Health Care Provider: _____

Child Care/School Closure Leave and Supplemental Pay

The EPSLA and the EFMLEA both provide eligible employees with Child Care/School Closure Leave. If you have requested this leave, indicate below how you want your leave to be applied:

_____ I want to use the paid leave granted by the EPSLA first and automatically follow with the remaining paid leave provided under the EFMLEA. *(This option will not require an employee to wait two weeks before receiving pay under the EMFLEA. The leave used under the EPSLA will satisfy the two-week waiting period).*

* An employee may not get the full 12 weeks allowed by law if part of FMLA/OFLA leave has already been used.

_____ I want to use accrued paid leave to satisfy the EFMLEA two-week waiting period. *(This option will not require an employee to wait two weeks before receiving pay under the EMFLEA. Paid leave under the EPSLA will not be used with this option).*

Employees will only receive partial pay during EFMLEA leave. (See the [LEAVE POLICY or CHART] to determine how much pay you may receive.)

Acknowledgement

I understand that I may be required to provide complete and sufficient certification to support my request; and I understand that my leave may be delayed until I return the appropriate certification form.

I acknowledge that I have been given the opportunity to ask question about FFCRA/OFLA/FMLA/EFMLA; if questions were asked, I received answers, and I acknowledge that I understand FFCRA/OFLA/FMLA/EFMLA.

Employee Signature: _____

Date: _____

Family First COVID-19 Act (FFCRA) Emergency Paid Sick Leave (EPSLA) Family Medical Leave Act (FMLA) Expanded Family Medical Leave Act (EFMLA) Oregon Family Leave Act (OFLA)

Reason for leave	LEAVE	PAY	FORMS	FRONTLINE/AESOP LEAVE CODE
Qualifying reasons for leave related to COVID-19, including unable to telework, because the employee:				
1. Employee is subject to Federal, State, or Local quarantine or isolation order related to COVID-19	•May be eligible for 10 days leave under EPSLA.	•10 days paid at regular rate under EPSLA up to \$511 per day and \$5,110 in the aggregate (2 week period).	FFCRA request form	Days 1-10 leave code EPSL
2. Employee has been advised by health care provider to self-quarantine due to COVID-19 concerns	•May be eligible for 10 days leave under EPSLA.	•10 days paid at regular rate under EPSLA up to \$511 per day and \$5,110 in the aggregate (2 week period).	FFCRA request form	•Days 1-10 leave code EPSL
3. Employee is experiencing symptoms of COVID-19 and seeking medical diagnosis.	•May be eligible for 10 days leave under EPSLA. •FMLA/OFLA - if "serious health condition".	•10 days paid at regular rate under EPSLA up to \$511 per day and \$5,110 in the aggregate (2 week period). •Regular rate under FMLA/OFLA if accrued leave available or it is unpaid .	FFCRA request form	•Days 1-10 leave code EPSL •Beyond 10 days accrued leave under FMLA/OFLA or unpaid leave.
4. Employee is caring for an individual who is subject to an order as described in #1 or #2. above.	•May be eligible for 10 days leave under EPSLA. •FMLA/OFLA - if "serious health condition".	•10 days paid 2/3 of regular rate under EPSLA up to \$200 per day/\$2,000 in the aggregate (2 week period) or paid at regular rate if using accrued leave. •Regular rate under FMLA/OFLA if accrued leave available or it is unpaid .	FFCRA request form	•Days 1-10 - leave code EPSL4 •Beyond 10 days accrued leave under FMLA/OFLA or unpaid leave.
5. Employee is caring for a son or daughter or such employee if the school or place of care of the son or daughter has been closed due to COVID-19 precautions.	•May be eligible for 10 days leave under EPSLA. •Employees employed for at least 30 days may be eligible for and additional 10 weeks under EFLMA. •May be eligible for OFLA	•10 days unpaid under EFMLA, but can use EPSLA and receive 2/3 of regular rate for 10 days up to \$200 per day/\$2,000 in the aggregate (2 week period) or paid regular rate using accrued leave. •Remaining 10 weeks are 2/3 of regular rate under EFMLA with a cap of \$200 a day and \$12,000 in aggregate (over 2 week period). • OFLA unpaid or paid at regular rate while using accrued leave.	FFCRA request form	•Days 1-10 - leave code EPSL5 •Beyond 10 days use accrued leave codes or OFLA if unpaid. •Beyond 10 days use code EFMLA under the Expanded Family Leave Act.
6. Employees is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.	•May be eligible for 10 days leave under EPSLA. •May be eligible for OFLA/FMLA	•10 days at 2/3 of regular rate under EPSLA up to \$200 per day/\$2,000 in the aggregate (2 week period) or paid at regular rate if using accrued paid leave during EPSLA. •Regular rate under FMLA/OFLA if accrued leave available or it is unpaid .	FFCRA request form	Days 1-10 - leave code EPSL6 •Beyond 10 days accrued leave under FMLA/OFLA or unpaid leave.

Families First Coronavirus Response Act (**FFCRA**): For paragraphs 1-6 above. First two weeks can use EPSLA under FFCRA: Eligible to all employees with paragraphs 1-5 above. How much emergency paid sick leave is required: 80 hours maximum, but available immediately, so no accrual requirement. Paid at the regular rate of pay for reasons 1-3 above, with a max of \$511 a day and \$5,110 in total. Reasons 4 thru 6 is paid at 2/3 the regular rate of pay with a max of \$200 a day and \$2000 in aggregate (2-weeks). Employees may substitute accrued sick, personal or vacation leave for the first two weeks of partial paid leaves. This act is effective on 4/2/20 thru 12/31/20.

Expanded FMLA leave Act (**EFMLA**) - Employees who can not telework due to the need to care for the employees minor son or daughter if the minor child's school place of childcare has been closed or the childcare provider is unavailable due to a "public health emergency" with respect to COVID-19 declared by a federal, state or local authority. (Basically its FMLA for caregiver leave) - First 10 days (2 weeks) are unpaid, but an employee can substitute accrued paid leave, including the new emergency paid sick leave. The remaining (a maximum of 10 weeks, as the total available is still 12) is paid at 2/3 of the employee's regular rate, for the number of hours the employee would be otherwise scheduled to work. The pay is capped t \$200 a day and \$10,000 total. Employee must be employed for at least 30 days. An employee may elect to substitute any accrued leave for the first wo weeks of partial paid leave.

Oregon Family Leave Act (**OFLA**) - You can take up to a total of 12 weeks* of time off per year for any of these reasons.

- Parental leave (either parent can take time off for the birth, adoption, or foster placement of a child). *If you use all 12 weeks on this, you can take up to 12 more weeks for sick child leave.
 - Serious health condition (your own, or to care for a spouse, parent, parent-in-law, or child)
 - Pregnancy disability leave (before or after birth of child or for prenatal care). *You can take up to 12 weeks of this in addition to 12 weeks for any reason listed here.
 - Sick child leave (for your child with an illness or injury that requires home care but is not serious)
- You can also take OFLA protected time if your child's school is closed due to a public health emergency, such as the 2020 COVID-19 pandemic school closures.
- Military family leave (up to 14 days if your spouse is a service member who has been called to active duty or is on leave from active duty)
 - Bereavement leave (up to 2 weeks of leave after the death of a family member)

To be eligible, you must have worked an average of 25 hours per week for 180 days - just 180 days for parental leave. Your employer must have at least 25 employees.

Family Medical Leave Act (**FMLA**) - Employees are eligible to take FMLA leave if they work for a covered employer and:

- have worked for their employer for at least 12 months;
- have at least 1,250 hours of service over the previous 12 months

A covered employer must grant an eligible employee up to a total of 12 workweeks of unpaid, job-protected leave in a 12 month period for one or more of the following reasons:

- for the birth of a son or daughter, and to bond with the newborn child;
- for the placement with the employee of a child for adoption or foster care, and to bond with that child;
- to care for an immediate family member (spouse, child, or parent – but not a parent "in-law") with a serious health condition;
- to take medical leave when the employee is unable to work because of a serious health condition; or
- for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on covered active duty or call to covered active duty status as a member of the National Guard, Reserves, or Regular Armed Forces.

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

