

# 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 ⅓ 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"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>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; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
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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](https://dol.gov/agencies/whd)



# Emergency Paid Sick Leave (EPSL) Request Form

The Families First Coronavirus Response Act requires employers with fewer than 500 employees (or employers of any size in the public sector) provide employees with up to 2 weeks of EPSL between April 1, 2020, and December 31, 2020.

*(Employers have the option to exclude health care providers, emergency responders, and employees on which health care providers and emergency responders rely, including employees of contractors and medical solution providers. Employers with fewer than 50 employees may be able to claim a hardship exemption from reason #5 below. You will receive a written response from us if your request is denied or if we need to modify your leave request.)*

Your two-week allotment of EPSL hours will be calculated based on your average hours but will not exceed 80 hours.

There are six potential COVID-19 qualified reasons an employee can take EPSL.

- The first 3 reasons below offer full pay (up to \$511 per day)
- The final 3 reasons below offer 2/3 pay (up to \$200 per day)
- If these will not result in full pay for you, you may decide whether to use any accrued paid leave you have available to make up the difference or not.

You (or someone you authorize) must first notify us of your need for EPSL as soon as reasonably practicable (by phone or email is fine). Then you must provide this form as soon as reasonably practicable.

Employee name:	<i>How many hours of EPSL have you taken with any employer since April 1, 2020?</i>
Best way to contact <i>(email address, phone #, etc.)</i>	Expected return to work date:
Date EPSL is to begin:	
I certify that I am unable to work or telework for the following COVID-19 related reason:	
<input type="checkbox"/> 1) I am personally subject to a quarantine or isolation order by a local, state, or federal official <i>Name of the governmental agency:</i>	
<input type="checkbox"/> 2) I have been personally advised by a health care professional to self-quarantine <i>Name of the health care professional:</i>	
<input type="checkbox"/> 3) I am having symptoms and seeking a diagnosis from a health care professional <i>Name of the health care professional:</i>	
<input type="checkbox"/> 4) I must care for an individual subject to (1) or (2) above <i>Name of the governmental agency or health care professional:</i> <i>Name of the individual and relationship to me:</i> I represent I am the only suitable person expected to provide <input type="checkbox"/> care for this individual during my EPSL time:	
<input type="checkbox"/> 5) I need to care for my son or daughter due to school or child care being closed/unavailable <i>Names and ages of my children I need to care for up to age 18 (or older if disabled and incapable of self care):</i> <i>Name of each unavailable school or child care provider:</i> <input type="checkbox"/> I represent that no other suitable person is available to care for my children during the period of requested leave, and no other suitable person will be providing care for the children during my EPSL time <input type="checkbox"/> If my children are all older than 14, I represent I am unable to work or telework during daylight hours because special circumstances exist requiring me to provide care for them <i>I am requesting intermittent leave as follows (for example, if someone can care for your children M/W/F so you only need EPSL for Tu/Th...note intermittent leave is only available if we can mutually agree on a schedule):</i>	
<input type="checkbox"/> 6) I am experiencing other conditions substantially similar to COVID-19 as specified by the US Department of Health and Human Services (HHS)	
I certify that the above information is accurate and complete. If I'm scheduled to <b>telework</b> and need to request intermittent leave for any reason above, I will ask Human Resources for a potential intermittent schedule. I understand that if I fail to report for work on or before the approved return date or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.	
Employee signature:	Date: