

CITY OF FOND DU LAC
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) REQUEST
 Return completed form to Kristen Theisen (ktheisen@fdl.wi.gov)

Employee Name: _____

Main Phone Number: _____ Email Address: _____

Anticipated Start of Leave: _____

I am unable to work or telecommute for the follow reason(s) (Check all that apply):

	1) Individual is subject to a Federal, State, or local quarantine or isolation order because the employee is diagnosed with COVID-19.	See Section A only
	2) Individual has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.	See Section A only
	3) Employee has the presence of symptoms of COVID-19 and a need to seek medical diagnosis.	See Section A only
	4) Employee has to care for an individual described in numbers 1 or 2, above.	See Section A only
	5) Employee has to care for their child because that child's school or place of care is closed or unavailable due to COVID-19 precautions.	See Sections A & B

Section A: Emergency Paid Sick Leave (See COVID-19 Emergency Leave Policy for more information)

The City will provide additional emergency paid sick leave to any employee who falls under any of the five specific categories listed above. Employees are entitled to time equal to the number of hours they work on average over a two-week period. These hours are paid at 100%.

Section B: Emergency FMLA Expansion (See COVID-19 Emergency Leave Policy for more information)

The first 10 days of emergency FMLA leave may consist of unpaid leave, Emergency Paid Sick Leave, or the employee has the discretion to use any accrued paid leave (vacation, floating holiday, comp. time, etc.) Then the employee will be eligible for pay from the City equal to 2/3 of the employee's regular rate of pay for the remainder of the available FMLA leave associated with the qualifying COVID-19 reason, not to exceed a daily cap of \$200 or aggregate cap of \$10,000, per person. Employees may use eligible paid leave from their bank to make up the remaining 1/3, or they may choose to keep the leave as is. Please see page 2.

These new provisions apply to all employees who have been employed by the employer for at least 30 calendar days, with the exclusion of health care providers and emergency first responders as defined in the Emergency Leave and FFCRA policies.

Sign: _____

The following is what would need to be submitted to FMLASource and entered into Executime. The Accrual hours are optional, examples show what needs to be entered to make your gross salary “whole.”

If you normally work 40 hours in a week:

Reg. Hours Worked (Executime)	FMLA Expansion Hours Reported to FMLASource (full) AND Executime if not using Accruals	FMLA Expansion Hours Reported to Executime (2/3, rounded) if using Accruals	Accruals (optional)
8	0	0	0
7	1	0.75	0.25
6	2	1.5	0.5
5	3	2	1
4	4	2.75	1.25
3	5	3.5	1.5
2	6	4	2
1	7	4.75	2.25
0	8	5.5	2.5

If you normally work 38.75 hours in a week:

Reg. Hours Worked (Executime)	FMLA Expansion Hours Reported to FMLASource (full) AND Executime if not using Accruals	FMLA Expansion Hours Reported to Executime (2/3, rounded) if using Accruals	Accruals (optional)
7.75	0	0	0
6.75	1	0.75	0.25
5.75	2	1.5	0.5
4.75	3	2	1
3.75	4	2.75	1.25
2.75	5	3.5	1.5
1.75	6	4	2
0.75	7	4.75	2.25
0	7.75	5.25	2.5

Gross Dollar Impact Example: An employee makes \$20.00/hour, working 40 hours a week. Weekly Pay:

Reg. Hours	8	7	6	5	4	3	2	1	0
FMLA (2/3) Hours	0	0.75	1.5	2	2.75	3.5	4	4.75	5.5
Accruals (optional)	0	0.25	0.5	1	1.25	1.5	2	2.25	2.5
Gross Pay	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00
Gross Pay without Accruals	\$160.00	\$155.00	\$150.00	\$140.00	\$135.00	\$130.00	\$120.00	\$115.00	\$110.00