

Information Required to Approve a Leave under the EFMLEA or the EPSLA

Employee Name: _____ Employee No.: _____

Company Name: _____ Leave Request No.: _____

Instructions

- Please include your Name, Company Name, Employee Number, and leave request number above. You can find your leave request number in the top left corner of the letters we sent you related to this request.
- **Step 1:** Please provide the required information about your employment.
- **Step 2:** Please select the applicable reason for your need for leave.
- **Step 3:** Please provide the dates for which you need leave. Intermittent leave is available in limited situations and employer approval is needed; if you are requesting intermittent leave please provide frequency and dates of leave.
- **Step 4:** Indicate the specific authority or entity that authorized or is responsible for your need for leave
- **Please return this form by the due date listed on your request letter via fax or email.**

Step 1: Employment Information

- Is the company for which you work currently closed for business or is your job subject to a work stoppage (e.g., furloughed your job)? **Yes or No**
 - If Yes, when will your company reopen or your job/work be reinstated: _____ (MM/DD/YY)
- Does your employer provide you with the ability to telework? **Yes or No**
 - If Yes, but you cannot telework (for all or part of your workday), please explain in step 1 the reason for your inability to telework and in step 2 the amount of time you are requesting.
- Do you work for another employer (or have you worked for another employer since April 1, 2020)? **Yes or No**
 - If Yes, have you collected Emergency Paid Sick Leave (EPSLA) from that employer? **Yes or No**

Step 2: Reason for leave

I am requesting leave due to a COVID-19 qualifying reason for leave: **(check applicable reason and sub-reasons, if applicable)**

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19
 - I have COVID-19
 - I may have COVID-19 due to known exposure or symptoms
 - I am particularly vulnerable to COVID-19
- I have been experiencing symptoms of COVID-19 and I 'm seeking a medical diagnosis
- I am caring for an individual who is subject to a quarantine/isolation order, or has been advised to self-quarantine by a health care provider for one of the following :
 - The individual has COVID-19
 - The individual may have COVID-19 due to known exposure or symptoms
 - The individual is particularly vulnerable to COVID-19

Name: _____ Relationship: _____

Please provide an explanation as to your inability to work or telework:

I am caring my child due to a school or place of care of the son or daughter has been closed, or the child care provider is unavailable, due to COVID-19 precautions. **(Please mark either A or B below)**

(A) I am providing care to a child (or children) who is fourteen years or younger

(B) I am *only* providing care to a child (or children) who is 15 years old or older

If you checked (B), please provide a statement regarding your inability to work or telework to care for your child (or children) 15 or older during daylight hours, please indicate any special circumstances regarding the need to provide care. If your child (children) is 18 years old or older, also explain whether the child (children) is incapable of self-care because of his/her disability and why you are needed to care for that child (those children).

Step 3: Frequency of leave:

I need the following frequency and duration of leave:

Continuous – I am requesting to be off continuously for the following anticipated dates:

Start date: _____ (MM/DD/YY) End date: _____ (MM/DD/YY)

Intermittent – I am able to work, but will require occasional absences for following anticipated frequency and duration:

The following are requirements for taking **Intermittent leave**:

- *There must be a clear and mutual understanding between you and your employer to take Paid Sick Leave or Expanded Family and Medical Leave intermittently.*
- *While we are asking for an estimate below, the increments of intermittent time must be mutually approved by you and your employer.*
- *For any leave request other than those related to school closures, intermittent leave can only be used, subject to your employer's approval, if you are **teleworking**.*

Start date: _____ (MM/DD/YY) End date: _____ (MM/DD/YY)

Please provide your best estimate of the frequency and duration. This estimate will be provided to your employer to review:

_____ days per week OR _____ days per month, lasting up to _____ hours OR _____ days per absences

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">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

