



# Mobile County PUBLIC SCHOOLS

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**SUPERINTENDENT** Chresal D. Threadgill

## EMPLOYEE LEAVE REQUEST FAMILIES FIRST CORONAVIRUS RESPONSE ACT

**Employee Name**

**Employee ID**

**Work Location**

**Job Title**

**First Date of Leave**

**Duration of Requested  
leave (in work days)**

**Use non-FFCRA  
Accrued Leave?**

**Yes  
No**

**Sick  
Personal**

**No. of days**

**Max Avail.**

**Reasons for Leave  
(check one)**

- 1 - Employee is subject to federal, state or local COVID-19 quarantine/isolation order (\*not currently available in Alabama)
- 2 - Employee has been advised to self-quarantine by health care provider due to COVID-19 (certification from health care provider may be required)  
Name of health care provider: \_\_\_\_\_
- 3 - Employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis (certification from health care provider may be required)  
Name of health care provider: \_\_\_\_\_
- 4 - Employee is caring for a person subject to federal, state, local or health care official's COVID-19 quarantine/isolation order  
Name and relationship of person: \_\_\_\_\_ - \_\_\_\_\_
- 5 - Employee is caring for a son or daughter whose school has been closed due to COVID-19 or whose childcare is unavailable during COVID-19  
Name of child: \_\_\_\_\_ Age: \_\_\_\_\_  
Name of child care provider: \_\_\_\_\_
- 6 - Employee is experiencing a substantially similar condition as designated by Department of Health and Human Services

I certify that the above information is correct and my request is based on the reason indicated.

**Employee's Signature**

**Date Signed**

### OFFICE USE ONLY

**Action Date**

**Action taken by**

**Type of Leave  
(check all that apply)**

Emergency Paid Sick Leave

**Action  
(check one)**

Leave Approved

EXFMLA

(All sick and FMLA leave taken in last 12 months )

Leave Denied

**Notes**

# 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;
- $\frac{2}{3}$  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  $\frac{2}{3}$  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"><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> |
|---|---|

### ▶ 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)



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