

# 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)



WH1422 REV 03/20





EAST CARTER COUNTY R-II SCHOOLS

REQUEST FOR COVID PAID SICK LEAVE AND/OR EXPANDED FAMILY MEDICAL LEAVE

\*\*\*IF YOU ARE IN NEED OF LEAVE DUE TO COVID-19—PLEASE LET US KNOW IMMEDIATELY\*\*\*

Send To: Jamie Shaffer – Payroll/Human Resource Coordinator

From: \_\_\_\_\_

Employee Name

Employee Signature

Today's Date: \_\_\_\_\_

I am requesting my leave to begin on \_\_\_\_\_ (date)

I am requesting Emergency COVID-19 leave and/or Expanded FMLA due to,

please check one of the following (documented) reasons:

	Reason	Amount
	The employee is subject to a Federal, State, or Local quarantine or isolation order related to COVID-19 (COUNTY HEALTH CENTER LETTER)	2 weeks-Regular pay rate
	The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 (DOCTORS LETTER)	2 weeks-Regular pay rate
	The employee is caring for an individual who is subject of the above two situations. (LETTERS FROM 1 OR 2 ABOVE)	2 weeks-Two-thirds (2/3) regular pay rate
	The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. (LETTER FROM HEALTH CARE PROVIDER)	2 weeks-Regular pay rate
	The employee is caring for a son or daughter if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions. (LETTER FROM CHILD CARE PROVIDER)	2 weeks-Two-thirds (2/3) regular pay rate
	The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor-(LETTER FROM COUNTY HEALTH CENTER/DOCTORS LETTER)	2 weeks-Two-thirds (2/3) regular pay rate
	EXPANDED FMLA: The employee is caring for a son or daughter if the child's daycare is closed or the childcare provider is unavailable-all due to COVID-19 *First 2 weeks not required to be paid, can use emergency COVID paid sick leave for this time-(LETTER FROM CHILD CARE PROVIDER)	Up to 12 weeks, with up to 10 weeks paid EFLMA leave at 2/3 pay, continued insurance, and job security, not to exceed total of 12 weeks for types of FMLA leave

This leave type is in effect until December 31, 2020 and a one-time use request.