

Emergency Paid Sick Leave (EPSL) and Emergency FMLA (EFMLA)

Emergency Paid Sick Leave (EPSL)

EPSL is paid for up to 80 hours based on the following conditions:

- I. Employee is subject to quarantine or isolation order.
- II. Employee is advised to self-quarantine by a health provider.
- III. Employee is experiencing symptoms and seeking diagnosis
- IV. Employee is caring for an individual subject to quarantine or isolation order.
- V. Employee is caring for a son or daughter due to school or childcare closure.
- VI. Employee is experiencing any other similar condition specified by the government.

The amount to be paid is based on the following:

- I. If EPSL paid due to condition I-III above, employee will be paid at 100%.
- II. If EPSL paid due to condition IV-VI above, employee will be paid at 2/3 their normal bi-weekly pay. (Can be capped at \$200 per day.)

Emergency FMLA (EFMLA)

- EFMLA is paid for up to 10 weeks at 2/3 of an employee's normal bi-weekly pay. (Can be capped at \$200 per day.)
- The first 10 days of EFMLA time is unpaid but you may use EPSL for this period. Meaning if both are used together a total of 12 weeks with some form of pay, the lowest amount being 2/3 unless the cap applies.
- EFMLA is available only if employee is unable to work in order to care for child under age of 18 due to school or child care facility that is closed due to COVID-19. **Since we are paying all employees during state closures due to our state law, most will not need this at this time. But if it would be needed if school were to return to session, this is available for use and is in place until 12.31.2020.**
- Employee must have been employed for at least 30 days to be eligible. **In our case, this would be anyone hired at least thirty (30) days prior to April 2, 2020, the effective date of the FFCRA Act.**

If requesting to use any of these Families First Coronavirus Response Act (FFCRA), please complete the **Families First Coronavirus Response Act (FFCRA) Employee Form**. Return to:

_____.

Families First Coronavirus Response Act (FFCRA) Employee Form

Name:

Position:

Building:

Supervisor:

Date Requesting Leave:

Projected Return Date:

Type of Leave Requesting: **Emergency Paid Sick Leave (EPSL)**

Emergency FMLA (EFMLA)

Emergency Paid Sick Leave (EPSL) Condition:

- Employee is subject to quarantine or isolation order.
- Employee is advised to self-quarantine by a health provider. (Please provide copy, blacking out any information that is private.)
- Employee is experiencing symptoms and seeking diagnosis. (Please provide copy, blacking out any information that is private.)
- Employee is caring for an individual subject to quarantine or isolation order.
- Employee is caring for son or daughter due to school or childcare closure.
- Employee is experiencing any other similar condition specified by the government.

Completed forms and supporting documentation should be sent to: _____.

If supporting documentation is required and not included, the form will not be accepted. Thank you.