

Families First Coronavirus Response Act (FFCRA)

Emergency Sick Leave Request

DHRM reserves the right to revise this form

Employees must complete and submit the signed document to their supervisor prior to taking leave. **Prior supervisory approval is required for all leave usage.** Employees must maintain communications with a supervisor (or their Agency HR representative) as instructed by Agency management.

Section I. EMPLOYEE INFORMATION

EMPLOYEE NAME				EMPLOYEE ID NO.		
EMPLOYMENT STATUS	Full-Time Salaried	Part-Time Salaried	Wage	Faculty	Adjunct Faculty	
Select One						

EMERGENCY SICK LEAVE – MAXIMUM LEAVE HOURS ELIGIBILITY

To be used for ten work-days: Up to 80 hours for Full-time employees. Part-Time employees receive up to a pro-rated maximum equivalent to their percentage of full-time status. Adjunct and Wage/Hourly may receive up to the number of hours worked on average over a two-work week period.

Section II. EMERGENCY SICK LEAVE REQUESTED – REASONS 1, 2 OR 3

Select one of the options listed below if you are unable to work or telework

	1. Self-isolating due to COVID-19 positive diagnosis
	2. Symptomatic for COVID-19 and seeking a medical diagnosis
	3. Complying with recommendations of health care provider or public health official to self-isolate due to COVID-19 concerns

For the above leave reasons 1, 2 or 3: Pay will be at 100% of regular rate of pay including non-discretionary compensation up to a maximum of \$511 per day and \$5110 for up to ten workdays. An employee whose earnings exceed the maximum earnings may use personal leave to achieve their full pay.

Section III. EMERGENCY SICK LEAVE REQUESTED – REASONS 4, 5 OR 6

Select one of the options below if you are unable to work or telework

	4. To care for an individual who is quarantined or advised to self-isolate
	5. To care for a son or daughter in school or child care facility/provider is closed or unavailable due to COVID-19
	6. Experiencing substantially similar condition as specified by the US Secretary of Health and Human Services

For leave specific to Reasons 4 or 6: pay will be at 2/3 of the employee's regular rate of pay up to \$200 per day and \$2,000 total for the ten work days;

For leave specific to Reason 5: paid at 2/3 of the regular rate up to \$200 per day and \$2,000 total for the ten work day period with the potential for leave to extend into expanded Family Medical Leave for up to ten weeks. (See the Expanded Family Medical Leave for FFCRA form.)

An employee whose earnings exceed the maximum earnings may use personal leave to achieve their full pay.

Dates of Leave Requested (<i>e.g.: April 1 to April 10, 2020</i>)	
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Note: Emergency Sick Leave is available between April 1, 2020 and December 31, 2020. There is no carry over.
DHRM, Published April 1, 2020

Request to Supplement Pay with Personal Leave to achieve 100% Pay. Wage employees may supplement with remaining PHEL hours.	Yes	No
<p>If selected yes to supplement pay with personal leave, identify the preferred leave types to use first, second and third. Applicable leave options includes PHEL, Sick Leave, Family/Personal, Annual, Compensatory, Overtime or Recognition Leave.</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Note: Once a leave balance is exhausted, the next option listed will be applied. Employees who are on leave for 90 consecutive calendar days will cease earning annual leave accruals in accordance with DHRM Policy 4.10, Annual Leave</p>		
<p>My signature below confirms my request for the Emergency Sick Leave is for the reason identified in Sections II or III of the Emergency Sick Leave Request Form. For leave specific to Reason #5, I am the parent or legal guardian of a son/daughter under the age of eighteen for whom I am providing daily care for the term of the leave request. I further understand that providing false information and/or misuse of this leave is subject to disciplinary action up to and including termination; and repayment of the monies paid to me for the use of this paid leave as provided by the Commonwealth of Virginia.</p>		
Employee Signature:	Date:	
Supervisor Signature and Date:	Approved	Denied
If not approved, explain:		
To Be Completed by Agency Human Resources Staff or Agency Leave Coordinator		
Date Leave Request Received:		
Documentation submitted by employee:		
Date Documentation Received:		

Other Considerations for Leave Coordinators and Benefit Administrators:

- Dates Recorded in Time and Leave System
- Calculation of 2/3 pay and leave hours needed to supplement to 100% pay per pay period (use the spreadsheets located on DOA's Payroll Support Office's website.)
- Record and track Supplemental Leave Used per week

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DHRM, Published April 1, 2020