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Employee FFCRAC Claim Form

Employee Name: _____

Employer Name: _____

This form is for employees requesting payment under the Families First Coronavirus Response Act (FFCRA) for paid sick leave and/or extended family leave beginning April 1st, 2020. If you have questions on whether you qualify and the rate at which each reason can be paid, please visit <https://www.dol.gov/agencies/whd/ffcrac>.

Section I: Paid Sick Leave - unable to work:

Reason 1: I qualify for paid sick leave because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. Provide the name of the government entity that issued the quarantine or isolation order:

Reason 2: I qualify for paid sick leave because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Provide the name of the health care provider who advised you to self-quarantine:

Reason 3: I qualify for paid sick leave because I am experiencing symptoms of COVID-19 and am seeking medical diagnosis. Provide the name of the health care provider who you are seeking a diagnosis from:

Reason 4: I qualify for paid sick leave because I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Provide the name of the individual that you are caring for:

Provide your relationship to the listed individual:

Please provide either (1) the government entity that issued the quarantine or isolation order to which the individual is subject or (2) the name of the health care provider who advised the individual to self-quarantine:

Reason 6: I qualify for paid sick leave because I am experiencing another substantially similar condition. Provide the name of the health care provider who you are seeking a diagnosis from:

I am claiming paid emergency sick time for Section 1 under FFCRA starting: From Date _____ to End Date _____

Note: The date range claimed cannot exceed fourteen (14) calendar days. The FFCRA benefit will pay your average daily rate for up to two weeks. The specific amount you can receive is based on what you are normally scheduled in a workweek.

Section 2: Paid Sick Leave and Expanded Family and Medical Leave I have worked for my employer for thirty days and now I am unable to work o(select the option you qualify for):

Reason 5: I qualify for expanded FMLA to care for my child whose school or place of care is closed (or childcare provider is unavailable), due to COVID-19 related reasons. Provide (1) the name of the child being cared for:

Provide (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons:

and (3) do you confirm that no other suitable person is available to care for the child during the period of requested leave (write yes or no):

I am claiming paid emergency sick time for Section 2 under FFCRA from _____ (start date) to _____ (end date).

Note: The date range claimed cannot exceed fourteen (14) calendar days. The FFCRA benefit will pay your average daily rate for up to two weeks. The specific amount you can receive is based on what you are normally scheduled in a workweek.

I am claiming paid extended family medical leave act time for Section 2 under FFCRA starting: From Date _____ to End Date _____

Note: The date range claimed cannot exceed ten (10) weeks or seventy (70) calendar days. The FFCRA benefit will pay your average daily rate for up to ten weeks. The specific amount you can receive is based on what you are normally scheduled in a workweek.

Section 3: Attestation

I understand that if my situation changes and I no longer qualify and/or return to work, I will notify Outreach immediately. I cannot receive payment for time worked for my Employer while claiming sick time or FMLA. I attest that, for the reason above, I am unable to work, including telework even though work is available. If it is found that I did not qualify for paid sick time or FMLA under FFCRA I will have to pay back the funds received and may be subject to punishment by governing authorities.

Employee Signature

Date

Employer Signature

Date

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



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