

EMPLOYEE NOT WORKING DURING COVID-19

The Families First Coronavirus Response Act (FFCRA or Act) is to provide 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.

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:

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 medical diagnosis;
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. Is caring for his/her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. Is experiencing any other substantially-similar condition specified by the U.S. Department of Health & Human Services.

Duration of Leave

- For above reasons (1)-(4) and (6): A full-time employee is eligible for up to 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
- For above reason (5): A full-time employee is eligible for up to 12 weeks of leave at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Calculation of Pay

- For above leave reasons (1), (2), or (3): Employees taking leave shall be paid at either their regular rate or the applicable minimum wage, whichever is higher up to \$511 per day.
- For above leave reasons (4) or (6): Employees taking leave shall be paid at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day.
- For above leave reason (5): Employees taking leave shall be paid at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher up to \$200 per day.

Please complete the back of the form in its entirety and provide the requested documentation if applicable.

If you have questions regarding the information provided, please contact the Employee Benefits/Payroll office at jbishop@salem.k12.va.us or at (540) 389-0130.

Employee Name: _____

Employee ID: _____

Beginning Date of Leave: _____

Anticipated Return Date: _____

Please check the Qualifying Reason that is applicable:

_____ Employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19.
Please provide name of the government entity that has issued the quarantine or isolation order.

_____ Employee has been advised by health care provider to quarantine due to concerns related to COVID-19.
Please provide name of the health care provider making the quarantine recommendation as well as provide a doctor's note.

_____ Employee is experiencing symptoms of COVID-19 and seeking a diagnosis.
Please provide name of the health care provider making the quarantine recommendation as well as provide a doctor's note.

_____ Employee is caring for an individual who is subject to a quarantine order or has been advised as above.
Please provide name of the health care provider making the quarantine recommendation as well as provide a doctor's note.

_____ Employee is caring for a son or daughter if the school/daycare has closed or is unavailable due to COVID-19.
Please provide name of child(ren) and the place of care or child care provider that is closed due to COVID-19.

Is there no other suitable individual available to care for your child(ren) during the requested period of leave?

_____ YES _____ NO

_____ Employee is experiencing any other substantially similar condition specified by the U.S. Department of Health & Humans Services.

Are you unable to work OR telework due to the reasons noted above? _____ YES _____ NO

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Request Approved _____ Request Denied _____