

Section IV – Duration of Leave

Expected leave to begin: _____
(Date COVID-19 symptom(s) began, date of test, school closure, etc.)

Expected date of return: _____
(Can vary based on current CDC guidelines or medical clearance.)

For reasons (1) - (4) and (6): A full-time employee is eligible for 80 hours of leave, while 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 reason (5): A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, while a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Section V – Calculation of Pay

For leave reasons (1), (2), or (3): Employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to a maximum \$511 per day and \$5,110 in the aggregate (over a 2-week period).

For leave reasons (4) or (6): Employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to a maximum \$200 per day and \$2,000 in the aggregate (over a 2-week period).

For leave reason (5): Employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to a maximum \$200 per day and \$12,000 in the aggregate (over a 12-week period).

I understand that under the EPSLA, I will be paid my normal rate of pay if I am requesting leave for reasons #1 - 3 above.

By requesting reason #4 - 6 listed above, I understand that I will be paid 2/3 of my normal rate of pay, the remaining 1/3 will either be unpaid or I may elect to use my available accrued comp, sick or vacation time, in that order to cover the remaining 1/3.

I understand that there are compensation caps under the Act for #1 - 3 of up to a maximum \$511 daily and \$5,110 total, and for #4-6 of up to a maximum \$200 daily and \$2,000 total that can be paid for emergency paid sick leave.

I understand that I am entitled under the EFMLEA to an additional 10 weeks leave (12 weeks combined) at 2/3 of my normal rate of pay for reason #5 above, while the remaining 1/3 will either be unpaid or I may elect to use my available accrued comp, sick or vacation time, in that order to cover the remaining 1/3. I understand there is a compensation cap of up to a maximum \$200 daily and \$12,000 total. Also, I understand that I can only use 12 weeks total for all FMLA-qualifying leaves in a 12-month period.

For leave reasons (4) or (6), I elect for my remaining 1/3 pay to be paid as follows:

Unpaid Use available accrued paid time

For leave reason (5) I elect for my remaining 1/3 pay to be paid as follows:

Unpaid Use available accrued paid time

Section VI – Signature & Acknowledgement

Return completed application to Human Resources

Employee

Date

I certify that I am requesting leave for a covered reason under the Families First Coronavirus Response Act (FFCRA) and will provide additional documentation to support this leave. I will provide the appropriate doctor's certification for myself, family member I am caring for, and/or documentation showing the school or daycare that my child(ren) attend(s) is closed. I acknowledge that I am subject to discipline, up to and including termination of employment, for falsifying any document or my need for paid leave under the FFCRA.