



COVID-19 LEAVE REQUEST FORM

***Note: If you are able to work remotely from home, DO NOT complete this form!**

If you are working remotely, proceed according to usual worked time recording and approval procedures. No time off actions are necessary. Employees are to be paid regular earnings for all time worked and are not required to utilize paid or unpaid time off when performing work, regardless of the physical work location.

In response to the COVID-19 pandemic, FSCJ is implementing the Families First Coronavirus Response Act (FFCRA). This paid leave, of up to 10 working days and/or a maximum of 80 hours, is provided to all employees who meet the below criteria and are unable to work from home or telework. Paid COVID Leave does not impact a full-time employee’s current sick leave, annual leave, or sick pool leave (if applicable) balances. This program is in effect through December 31, 2020. The COVID-19 Leave is not available for conditions unrelated to COVID-19 and does not meet one of the criteria below.

IMPORTANT: If the employee requests time off but does not meet the criteria below, do NOT complete this form. For non-COVID-19 leave, the supervisor approves time off in accordance with usual college procedures and instructs employee to submit sick or annual leave as appropriate.

How to submit a request for paid COVID-19 Leave:

1. Employee submits this form with any applicable documentation to benefits@fscj.edu
2. Form will be reviewed for completeness and is submitted for processing

NOTE: The supervisor is not permitted to share employee’s name with other employees. If the supervisor has a concern about campus exposure, they should reach out to their immediate supervisor, Vice President or CHRO Mark Lacey.

Qualifying Reasons for Leave:

Under the FFCRA, an employee qualifies for paid leave if the employee is unable to work (or 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 a 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 a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; **or**
- 6) is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

NOTE: Reasons 1-3 paid at regular rate of pay up to \$511/day or \$5,110 total. **Reasons 4 & 6** paid at 2/3 rate of pay up to \$200/day or \$2,000 total. **Reason 5** paid at 2/3 rate of pay up to \$200/day or \$12,000 total.

Employee Name:		EMPLID:		Total Hours: <i>(Maximum 80)</i>	
Department:		Leave Begin Date:		Leave End Date:	
Indicate Full or Part Time:		Enter Qualifying Reason for Leave # from above list (1 to 6):			

**Record Keeping Information Required for FFCRA
Emergency Sick Leave and/or Extended Family Medical Leave**

An employee who is unable to work or telework due to a need for leave because of one of the following reasons is required to complete the section below that is applicable to the reason for requesting Emergency Sick Leave.

Qualifying Reason 1:

Is subject to Federal, State, or local quarantine or isolation order related to COVID-19

Name of the government entity that issued the order: _____

Qualifying Reason 2:

Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
(documentation needed: Health care provider note)

Name of the health care provider who provided the advise: _____

Qualifying Reason 3:

Is experiencing symptoms of COVID-19 and is seeking medical diagnosis

Name of the health care provider used for the diagnosis: _____

Qualifying Reason 4:

Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2)

Name and relationship of the individual who I am caring for:

Name: _____ Relationship: _____

Name of the health care provider making the quarantine recommendation: _____

Qualifying Reason 5:

Is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.
(Documentation needed: Birth certificate(s) for each child listed below. Additional child(ren) may be listed on a separate sheet.)

Name of Child	Child's Age	Name of School, Place of Care or Care Provider

A statement representing that no other suitable person is available to care for the child(ren) during the period of requested leave:

Qualifying Reason 6:

Is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Provide details regarding the need for this leave: _____

By completing this form, I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee's Name: _____ EMPID #: _____ Date: _____

**Families First Coronavirus Response Act (FFCRA)
Recordkeeping Documentation**

<p>An employee may only take leave of absence under the Emergency FMLA Expansion to care for the employee’s son or daughter because of a school closure due to a public health emergency.</p>	<p>To meet this requirement, employees may provide the College with a notice of closure or unavailability from the child’s school, place of care, or child care provider. This “notice” can include a notice that may have been posted on a government, school or day care website, published in a newspaper, or emailed from either the employee him/herself or an official of the school, place of care, or child care provider.</p>
<p>Who is a son or daughter?</p>	<p>Under the FFCRA, a “son or daughter” is your own child, which includes your biological, adopted, or foster child, your stepchild, a legal ward, or a child for whom you are standing in loco parentis—someone with day-to-day responsibilities to care for or financially support a child. For additional information about in loco parentis, see Fact Sheet #28B: Family and Medical Leave Act (FMLA) leave for birth, placement, bonding or to care for a child with a serious health condition on the basis of an “in loco parentis” relationship.</p> <p>Under the FFCRA a “son or daughter” is also an adult son or daughter (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.</p> <p>Records already on file with Benefits will be used as verification. If none, documentation substantiating the son or daughter will be requested (eg., birth certificate, adoption papers, etc.).</p>
<p>An employee is unable to work or telework due to a qualifying reason related to COVID-19</p>	<p>To meet this requirement, such documents may include: a copy of the federal, state or local quarantine or isolation order related to COVID-19, or written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19.</p>
<p>Substantiating a Health Care Provider</p>	<p>Under the FFCRA, a health care provider is anyone employed at any doctor’s office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, employer or entity. This includes any permanent or temporary institution, facility, location or site where medical services are provided that are similar to such institutions.</p>
<p>What if the required documentation is not easily provided?</p>	<p>Every effort should be made to provide documentation as soon as available. Lack of documentation may ultimately impact any awarded benefits.</p>

<p>Does existing certification requirements under the standard FMLA continue to stay in place?</p>	<p>Yes, employees must continue to satisfy the certification requirements under the standard FMLA if the employee is taking leave for one of the existing qualifying reasons under the FMLA.</p> <p>If the leave is for a coronavirus-related serious health condition within the meaning of the “standard” FMLA, the employer can require a medical certification from the health care provider of the employee or the employee’s spouse, parent, or child.</p>
<p>When is it necessary to provide a return to work document?</p>	<p>Per Sick Leave APM 03-1005, when sick leave exceeds five (5) consecutive days a doctor's statement attesting to the employee's days of absence and ability to return to work shall be submitted to the supervisor. Employees who have been on sick leave for five (5) days and have returned must work one (1) full day before qualifying for another five (5) consecutive days of sick leave.</p>
<p>Who should I contact if I have questions?</p>	<ul style="list-style-type: none"> • For tax related questions, contact www.irs.gov/uac/Interactive-Tax-Assistant-(ITA)-1 • For benefit related questions, contact benefits@fscj.edu • For payroll related questions, contact payroll@fscj.edu