

# FFCRA LEAVE REQUEST & APPROVAL PACKET

## SUMMARY OF FFCRA

DeKalb County Government is offering paid Families First Coronavirus Response Act (“FFCRA”) leave to eligible full-time and part-time employees due to the current COVID-19 pandemic. This COVID-19 related paid leave falls into two different categories: (1) Emergency Paid Sick Leave; and (2) Expanded FMLA Leave (collectively referred to as “FFCRA Benefits”). FFCRA Benefits are available only between April 1, 2020 and December 31, 2020.

**Emergency Paid Sick Leave:** All employees, regardless of when they were hired, are eligible for Emergency Paid Sick Leave under FFCRA. Emergency Paid Sick Leave may be used only 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 with whom the employee has a relationship that would reasonably result in an obligation or expectation of such care, 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 regular childcare provider is unavailable) for reasons related to COVID-19; or
6. is experiencing any other substantially similar condition specified by the U.S. Secretary of Health and Human Services, in consultation with the U.S. Secretaries of Labor and Treasury.

**Expanded FMLA Leave:** An employee qualifies for Expanded FMLA leave only for reason #5 above (meaning, the employee is unable to work (or telework) because the employee is caring for a child whose school or place of care is closed or regular childcare provider is unavailable for reasons related to COVID-19). An employee may take up to only twelve weeks of FMLA during the County’s applicable FMLA 12-month period, including Expanded FMLA under FFCRA or any other FMLA qualifying reason.

**Rates of Pay:** Employees will be paid for up to two weeks (80 hours for full-time employees, or a part-time employee’s two-week equivalent) of Emergency Paid Sick Leave, as follows:

- 100% of the employee’s regular rate for qualifying reasons #1-3 above, capped at \$511 daily.
- 2/3 of the employee’s regular rate for qualifying reasons #4 and 6 above, capped at \$200 daily.

Employees may also be paid up to a combined twelve weeks of Emergency Paid Sick Leave and Expanded FMLA Leave paid at 2/3 of the employee’s regular rate for qualifying reason #5 above, capped at \$200 daily. (Note: The first two weeks of Expanded FMLA Leave are unpaid, but an employee may choose to use Emergency Paid Sick Leave or existing accrued paid time off benefits during the first two weeks.)

**Existing Policies:** Paid FFCRA Benefits are separate from and in addition to existing compensatory time, paid hours off (PHO), vacation, personal day, or sick day policies and leave policies, which remain in place.

**Intermittent Leave:** Generally, an employee must use FFCRA Benefits in full day-increments and is not allowed to use FFCRA Benefits intermittently or reduced schedule leave, without written approval by the Supervisor and the Finance Office on this Form. An employee is not allowed to use FFCRA benefits intermittently for qualifying reasons #1-3 above.

**Insurance:** Employee's health benefits must be maintained during any period of unpaid leave under the same conditions as if the employee continued to work but the employee will be responsible for paying his or her share of the premiums. In certain circumstances, if an employee does not return to work following FFCRA leave, the employee may be required to reimburse the County for its share of health insurance premiums paid on your behalf during your leave.

**Return to Work:** Generally, employees must continue to take Emergency Paid Sick Leave each day until the employee either: (1) uses the full amount of Emergency Paid Sick Leave; or (2) no longer has a qualifying reason for taking paid sick leave. Employees will then be required to return to work on the next scheduled shift. Employees will be entitled to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon returning from FFCRA-protected leave just as if the employee had remained continuously at work during that period of leave. If an employee's leave extends beyond the end of the FFCRA entitlement, the employee does not have return rights under FFCRA.

**Process:** When the need for leave is foreseeable, an employee is required to notify their Supervisor in advance. When the need for leave is unforeseeable, notice must be provided as soon as practicable. An employee must complete the Employee Section of this packet and submit it to their Supervisor along with all required information/documentation identified in the Employee Section. An employee's failure to provide timely notice and/or to provide all required information/documentation may result in a delay or denial of FFCRA leave. Supervisors are required to complete the Supervisor Section and submit to the Finance Office as soon as possible to avoid delays in processing. The Finance Office will then complete the Finance Office Section and return it to the Employee and also send a copy to the Supervisor and/or Department Head. Angie Arnold, Benefits Coordinator, is available to answer any questions at (815) 895-1635 or [aarnold@dekalbcounty.org](mailto:aarnold@dekalbcounty.org).

**EMPLOYEE SECTION: EMPLOYEE TO COMPLETE AND SUBMIT TO SUPERVISOR**

Name of employee (print please): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Personal phone: \_\_\_\_\_ Email: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Date leave to start: \_\_\_\_\_ Date leave to end: \_\_\_\_\_

**Check the box identifying the qualifying reason(s):**

- 1) Ordered to quarantine or isolate by the following governmental entity:** \_\_\_\_\_
  - This order is for my own condition; or
  - This order is for someone else whose name is: \_\_\_\_\_ and relation to me is \_\_\_\_\_
  - Employees must provide a copy of the order requiring the quarantine and/or isolation.
  - Employees may be required to provide a medical release before returning to work.
- 2) Ordered to self-quarantine or isolate by the following medical provider:** \_\_\_\_\_
  - This order is for my own condition; or
  - This order is for someone else whose name is: \_\_\_\_\_ and relation to me is: \_\_\_\_\_
  - Employees must provide doctor's note or request from official office requiring the quarantine and/or isolation.
  - Employees must provide a doctor's release before returning to work.
  - An employee may also qualify for additional unpaid leave under the FMLA. An employee should present the attached FMLA Certification to the employee's healthcare provider.
- 3) Seeking treatment/diagnosis for COVID-19 symptoms from** \_\_\_\_\_
  - An employee is experiencing symptoms of COVID-19 and is seeking treatment and/or a medical diagnosis.
  - An employee may also qualify for additional unpaid leave under the FMLA. An employee should present the attached FMLA Certification to the employee's healthcare provider.
- 4) Care for an individual subject to a quarantine or isolation order from** \_\_\_\_\_
  - Individual's name: \_\_\_\_\_ relationship to employee: \_\_\_\_\_
  - Employees must provide a doctor's note or governmental order for the impacted family member.
  - An employee may also qualify for additional unpaid leave under the FMLA. An employee should present the attached FMLA Certification to the employee's family member's healthcare provider.
- 5) Closure of child's (under 18 or 18+ and incapable of selfcare) school or childcare facility or the regular childcare provider is unavailable due to COVID-19 reasons**
  - Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to employee: \_\_\_\_\_
  - Name of school, childcare facility, or provider closed: \_\_\_\_\_
  - Anticipated time childcare will be unavailable: \_\_\_\_\_ to \_\_\_\_\_
  - **I certify that no other individual is available to care for the child(ren).**
  - **For my child older than 14, I certify that during daylight hours, I need to be home with the child for the following special circumstances:** \_\_\_\_\_
  - During my first two weeks of Expanded FMLA leave to care for my child, I elect (check applicable box):
    - to receive unpaid leave.
    - to first use any available Paid Emergency Sick Leave (at 2/3 my regular rate, capped at \$200 per day).
    - to first use any available compensatory time, PHO's, vacation, personal days, or sick days (in that order).
  - Employee must provide supporting documentation such as a notice that has been posted by the government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or regular childcare provider.

**EMPLOYEE SECTION: CONTINUED**

- 6) Substantially Similar Condition as specified by the Secretary of Health and Human Services**
- Identify the condition: \_\_\_\_\_
  - Employee must provide any and all supporting documentation so that the County can make a reasonable determination to the need for the leave.

**I am interested in teleworking/remote working and/or an alternative schedule to maintain my regular hours and pay instead of taking paid leave:  Yes  No**

**Employee Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**SUPERVISOR SECTION: SUPERVISOR TO COMPLETE AND SUBMIT TO FINANCE OFFICE**

**Name of Supervisor:** \_\_\_\_\_ **Department & Job Title:** \_\_\_\_\_

**Phone & Email:** \_\_\_\_\_

**Name of employee requesting leave:** \_\_\_\_\_

**What are the employee's hours/schedule?**

- Full-time:
  - normally works \_\_\_\_\_ hours per week
  - does not usually work overtime hours
  - usually works \_\_\_\_\_ overtime hours per week
  - Other: \_\_\_\_\_
  
- Part-time: (include leaves as hours worked)
  - averaged \_\_\_\_\_ hours over the last 6 months
  - has not been employed for 6 months, but was expected to work \_\_\_\_\_ hours in a 2-week period when hired

**Is the Employee able to telework or work remotely?**

- No, the work can only be performed while employee is physically present at work.
- Yes, and already has the proper equipment.
- Yes, but does not have the proper equipment.
  - Supervisor must contact IMO to determine if equipment is available.
  - Was equipment available and provided to employee?
    - • Yes, equipment provided \_\_\_\_\_  
\_\_\_\_\_
    - • No
- Yes, but would need an alternative work schedule.
  - Supervisor must discuss and reach an agreement with employee on alternative work schedule. Supervisor cannot require an employee to do so. Nor does employee have a right to demand alternative schedule. Supervisor and employee are encouraged to be flexible when discussing alternative arrangements.
  - Was an agreement reached on an alternative work schedule?
    - • Yes, employee's alternative schedule is (days, times, and hours): \_\_\_\_\_  
\_\_\_\_\_
    - • No

**Supervisor's Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**FINANCE OFFICE SECTION: FINANCE OFFICE TO COMPLETE AND RETURN COPY TO EMPLOYEE AND SUPERVISOR AND/OR DEPARTMENT HEAD**

To: \_\_\_\_\_ Date: \_\_\_\_\_

We have reviewed your request for leave under the FFCRA and any supporting documentation that you have provided. We received your most recent information on \_\_\_\_\_ and decided:

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- **Your Paid Emergency Sick Leave Request is approved.**
  - **Your Expanded FMLA Leave Request is approved.**

**All leave taken for this reason will be designated as FFCRA leave. You are required to notify us as soon as practicable if dates of scheduled leave change or are extended or were initially unknown.**

**Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your FFCRA leave entitlements:**

- Your leave started or will start on: \_\_\_\_\_
- You are expected to return to work on: \_\_\_\_\_
- Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement:
  - Paid Emergency Sick Leave: \_\_\_\_\_
  - Expanded FMLA Leave: \_\_\_\_\_
- You are required to use leave in full-day increments.
- Your request for an alternative or reduced schedule is approved. The alternative schedule or reduced hours agreed to between you and your supervisor is as follows: \_\_\_\_\_

**Please be advised (check if applicable):**

- For the first ten days of Expanded FMLA, you have requested or will be required:
  - to receive unpaid leave.
  - to first use any available Paid Emergency Sick Leave (at 2/3 your regular rate, capped at \$200 per day).
  - to first use any available compensatory time, PHO's, vacation, personal days, or sick days (in that order).
- Your rate of pay during your Emergency Paid Sick Leave and/or Expanded FMLA will be:
  - your regular rate capped at \$511 per day.
  - 2/3 of your regular rate capped at \$200 per day.
- You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position • is • is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

**FINANCE OFFICE SECTION: CONTINUED**

• Contact Angie Arnold, Benefits Coordinator, at (815) 895-1635 or [aarnold@dekalbcounty.org](mailto:aarnold@dekalbcounty.org) to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

• While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_ . (Indicate interval of periodic reports, as appropriate for the particular leave situation).

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• **Additional information or documentation is needed to determine if your leave request can be approved:**  
• The certification or order you have provided is not sufficient and/or complete to determine whether FFCRA applies to your leave request. You must provide the following information no later than \_\_\_\_\_ , (a minimum of seven calendar days from today) unless not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied. \_\_\_\_\_

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(Specify information needed to make the certification complete and sufficient.)

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• **Your Paid Emergency Sick Leave and/or Expanded FMLA Leave request is Not Approved. (check applicable reason(s))**  
• You are able to telework.  
• You are on layoff/furlough.  
• Paid Emergency Sick Leave and/or Expanded FMLA does not apply to your leave request.  
• You have exhausted your Paid Emergency Sick Leave and/or FMLA leave entitlement in the applicable period.  
• You are not eligible yet for Expanded FMLA.

**Finance Office Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_