



# COVID-19 Personnel Leave Request Form

## Employee Information

First Name:		Last Name:	
Employee Number:		Department:	
Employee Address: (City, State, Zip)			
Phone Number		Email	
Anticipated Begin Date:		Anticipated End Date:	

## Please indicate the reason for your requested leave by checking the box below:

I am unable to work or telework for the following reason(s) (Check all applicable)

- (1) Employee is subject to a Federal, State, or local quarantine or isolation order related to coronavirus
- (2) Employee has been advised by a health care provider to self-quarantine due to concerns related to coronavirus
- (3) Employee is experiencing coronavirus symptoms and seeking a medical diagnosis
- (4) Employee is caring for an individual who is subject to an order as described in reason (1) or has been advised as described in reason (2) above
- (5) Employee is caring for son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to the coronavirus
- (6) Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

## Please select the leave option or option(s) you want to request below.

### Option 1 – Use of current accrual banks per Personnel’s COVID-19 Response Policy 3-25-2020

**Timeline for usage of accruals below = 3/22/2020 – 6/24/2020**

Please indicate below which type of leave you would like to use and anticipated amount of hours for each:

- Vacation \_\_\_\_\_ hours
- Sick Leave \_\_\_\_\_ hours
- Floating Holiday \_\_\_\_\_ hours
- Comp Time \_\_\_\_\_ hours
- Leave Without Pay \_\_\_\_\_ hours

**\*\*Please note that usage of hours for dates can vary each week. The time selected must be clearly communicated with your direct supervisor for each payroll.\*\***

**Option 2 – Emergency Family and Medical Leave Expansion Act (EFMLEA)**

**Timeline for usage of accruals below = 4/1/2020 – 12/31/2020**

The EFMLEA of the FFCRA is available for employees who have worked 30 calendar days and are caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to coronavirus. Health care providers and emergency responders are excluded.

Employees receive up to 12-weeks protected leave. The first 10 work days off will be unpaid, unless employees choose to substitute their own accruals to supplement their pay.

After the 10<sup>th</sup> unpaid work day, the employee will be eligible for pay from the County equal to 2/3 of the employee's regular rate of pay for the remainder of the available EFMLEA leave associated with the qualifying COVID-19 reason, not to exceed a daily cap of \$200 or aggregate cap of \$10,000 per person.

Employees who have used FMLA already in the past 12 months, will have the time available under this act reduced by the FMLA hours already used.

Please indicate the priority and number of hours you plan to use DURING the first 10 days of your leave:

- Vacation \_\_\_\_\_ hours
- Sick Leave \_\_\_\_\_ hours
- Floating Holiday \_\_\_\_\_ hours
- Comp Time \_\_\_\_\_ hours
- Leave Without Pay \_\_\_\_\_ hours
- EPSLA from Option 3 \_\_\_\_\_ hours

Please indicate the priority and number of hours you plan to use AFTER the first 10 days of your leave:

- Vacation \_\_\_\_\_ hours
- Sick Leave \_\_\_\_\_ hours
- Floating Holiday \_\_\_\_\_ hours
- Comp Time \_\_\_\_\_ hours
- Leave Without Pay \_\_\_\_\_ hours
- EPSLA from Option 3 \_\_\_\_\_ hours

**Option 3 – The Emergency Paid Sick Leave Act (EPSLA)**

**Timeline for usage of accruals below = 4/1/2020 – 12/31/2020**

The Emergency Paid Sick Leave Act (EPSLA) of the FFCRA provides 10 days (80 hours) of limited paid sick leave benefit for full-time employees outside of FMLA or EFMLEA. This is prorated for part-time employee.

All employees actively employed by Monroe County are eligible, with the exclusion of health care providers and emergency first responders.

**Eligible employees will receive 100% of regular hourly rate, with a \$511/day (\$5,110 aggregate) cap for the next 3 options:**

- (1) Employee is subject to a Federal, State, or local quarantine or isolation order related to coronavirus
- (2) Employee has been advised by a health care provider to self-quarantine due to concerns related to coronavirus
- (3) Employee is experiencing coronavirus symptoms and seeking a medical diagnosis

**Eligible employees will receive 2/3 of regular hourly rate, with a \$200/day (\$2,000 aggregate) cap for the next 3 options:**

- (4) Employee is caring for an individual who is subject to an order as described in reason (1) or has been advised as described in reason (2) above
- (5) Employee is caring for son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to the coronavirus
- (6) Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

**Certification of Leave Request and Authorization**

I authorize the appointing authority to obtain any necessary information regarding my request under the Families First Coronavirus Response Act.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Head Acknowledgement of Leave Request**

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Below this line is for Personnel Department Use ONLY**

Leave Request is:

- Approved
- Denied

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval details if needed or denial reason: