

# Leave Administration Form | Family First Leave Form



Department of Human Resources Leaves Administration Team

The Families First Coronavirus Response Act (FFCRA) is in effect from **April 1, 2020 through December 31, 2020**. This law provides additional sick leave (Emergency Paid Sick Leave Act - EPSLA) and expanded family and medical leave (Emergency Family Medical Leave Expansion Act – EFMLEA). Employees should submit this completed request form to their agency human resource professional.

Employee Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employee ID# \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Work location \_\_\_\_\_

**COVID-19 Related Reasons for Leave (check all that apply):**

**Emergency Paid Sick Leave Act:** Provides up to 80 hours of paid sick leave for one of the below reasons. This leave is in addition to any accrued sick leave or benefit time. King County will be more generous than required under federal law and will pay full-time employees up to 80 hours of EPSLA in the same way that employees are paid when they use their sick leave. Part-time employees are eligible for a prorated amount based on their average hours worked over a two-week period. Employees may use EPSLA intermittently, if approved by their department, if they are either telecommuting, or if they need time off to care for a child.

**Emergency Family Medical Leave Expansion Act:** Provides up to 12 weeks of emergency family and medical leave if they have worked for an employer for at least 30 calendar days, and are unable to work or telework because their minor child’s school or daycare is closed due to a public health emergency. The first 2 weeks of EFMLEA are unpaid; however, employees may use accrued leave or benefit time, or EPSLA. The remaining 10 weeks are paid at two-thirds of the employee’s regular rate of pay, up to a maximum of \$200/day. Where an employee has already taken some FMLA leave in the current twelve-month rolling calendar leave year, the maximum twelve weeks of EFMLEA leave is reduced by the amount of the FMLA leave entitlement taken in that year. If an employee has exhausted his or her twelve workweeks of FMLA or EFMLEA leave, he or she may still take EPSLA leave for a COVID-19 qualifying reason.

<b>Emergency Paid Sick Leave Act (EPSLA)</b>	<input type="checkbox"/> <b>Employee is subject to a federal, state, or local quarantine or isolation order. This includes stay-at-home orders from Governor Inslee.</b> Required Documentation: Document with employee name, dates of leave, qualifying reason for leave, oral/written statement that employee is unable to work/telework for qualifying reason, name of government entity issuing order.
	<input type="checkbox"/> <b>Employee is advised by a health care provider to self-quarantine.</b> Required Documentation: Document with employee name, dates of leave, qualifying reason for leave, oral/written statement that employee is unable to work/telework for qualifying reason, name of healthcare provider making recommendation.
	<input type="checkbox"/> <b>Employee is experiencing symptoms and is seeking a medical diagnosis.</b> Required Documentation: Document with employee name, dates of leave, qualifying reason for leave, oral/written statement that employee is unable to work/telework for qualifying reason.
	<input type="checkbox"/> <b>Employee is caring for an “individual” (see definition section) who is self-isolating subject to a local quarantine or isolation order, or who has been advised to self-quarantine by a health care provider. This includes stay-at-home orders from Governor Inslee.</b> Required Documentation: Document with employee name, dates of leave, qualifying reason for leave, oral/written statement that employee is unable to work/telework for qualifying reason, and the name of government entity issuing order or the name of the health care provider who advised the individual to self-quarantine.
	<input type="checkbox"/> <b>Employee is caring for their child due to closure of the child’s school or place of care, or unavailability of the child’s childcare provider.</b> Required Documentation: Document with employee name, dates of leave, qualifying reason for leave, oral/written statement that employee is unable to work/telework for qualifying reason, name of son/daughter being cared for, name of school, place of care or childcare provider that has closed or become unavailable due to COVID-19 reasons, and, a representation that no other suitable person is available to care for the child during the period for which the employee is taking leave.
	<input type="checkbox"/> <b>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 describe: _____</b> Required Documentation: Document with employee name, dates of leave, qualifying reason for leave, oral/written statement that employee is unable to work for qualifying reason.
<b>Emergency Family Medical</b>	<input type="checkbox"/> <b>School closure</b> Required Documentation: Document with employee name, dates of leave, qualifying reason for leave, oral/written statement that employee is unable to work for a qualifying reason, notice or email that has been posted on a government, school, or day

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<b>Leave Expansion Act (EFMLEA)</b>	care website published in a newspaper, or from an employee or official of the school, place of care, or child care provider.
	<input type="checkbox"/> <b>Child Care closure</b> Required Documentation: Document with employee name, dates of leave, qualifying reason for leave, oral/written statement that employee is unable to work for qualifying reason, name of son/daughter being cared for, name of school, place of care or childcare provider that has closed or become unavailable, and, a representation that no other suitable person is available to care for the child during the period for which the employee is taking leave. Also, a notice or email that has been posted on a government, school, or day care website published in a newspaper, or from an employee or official of the school, place of care, or child care provider.

### Employee acknowledgement of request – read carefully

The information I have provided is true, correct and complete. I understand that if I have falsified any information related to my leave request, it may lead to disciplinary action up to and including discharge from employment. I understand that I am required to follow the usual and customary procedure for calling in. I will notify my supervisor and/or department human resources contact or designee if and when there are changes to the circumstances of my leave. I understand that my supervisor or department human resources contact or designee may contact me to verify my status and obtain updates as to my estimated date of return to work. I understand that if I do not provide required documentation that I may be required to pay back funds received under these provisions. I also understand and agree that any payments received under EFMLEA is only partial-pay and that I cannot supplement with paid accruals.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

### Employer Response

Leave Eligibility	
<input type="checkbox"/> Eligible for EPSLA and this leave has been approved	You will receive _____ hours of EPSLA (maximum 80 hours)
<input type="checkbox"/> Eligible for EFMLEA and this leave has been approved	_____ hours of FMLA entitlement used in the prior 12 months _____ hours of FMLA entitlement available as of EFMLEA start date
<input type="checkbox"/> Not eligible (please select one reason) <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee has not been employed for 30 calendar days prior to start of EFMLEA</li> <li><input type="checkbox"/> Employee has exhausted all FMLA entitlement prior to the start of EFMLEA</li> <li><input type="checkbox"/> Insufficient documentation provided</li> </ul>	

### Employer authorization (Agency Human Resource Professional)

I am authorized to approve leaves of absence for my agency and will provide copies of this completed form to the employee. I will also provide appropriate information to the supervisor and the agency timekeeper.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

- Employee copy     
  Department medical copy     
  Department payroll copy

## Families First Coronavirus Response Act: Employee Paid Leave Rights and Information

The Families First Coronavirus Response Act requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The Department of Labor's Wage and Hour Division (WHD) administers and enforces the new law's paid leave requirements. These provisions will apply from April 1, 2020 through December 31, 2020.

Generally, the Act provides that employees of covered employers are eligible for:

- Two weeks (up to 80 hours) of paid sick leave at the employee's regular rate of pay where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or
- Two weeks (up to 80 hours) of paid sick leave at two-thirds the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor; and
- Up to an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee's regular rate of pay where an employee, who has been employed for at least 30 calendar days, is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

**Notice:** Where leave is foreseeable, an employee should provide notice of leave to the employer as is practicable. After the first workday of paid sick time, an employer may require employees to follow reasonable notice procedures in order to continue receiving paid sick time.

### Definitions:

**Child:** is defined the same as under the FMLA; *i.e.*, a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is either under 18 years of age or is 18 years of age or older and "incapable of self-care because of a mental or physical disability" at the time leave is to commence.

**Eligible Employees:** All employees of covered employers are eligible for two weeks of paid sick time for specified reasons related to COVID-19. Employees employed for at least 30 days are eligible for up to an additional 10 weeks of paid family leave to care for a child under certain circumstances related to COVID-19.

**Individual:** Are caring for an individual who is self-isolating for one of the reasons described above (first two reasons under EPSLA). A qualifying "individual" is an employee's immediate family member, a person who lives in the employee's home, or a person with whom the employee has a relationship with that creates an expectation that the employee would care for that person while quarantined.

**Intermittent Leave:** When an employee is teleworking they can take EPSLA or EFMLEA intermittently upon employer approval. When an employee is not teleworking and using EPSLA they can take the leave intermittently upon employer approval.