

Barbour County Board of Education
Family First Coronavirus Response Act Request Form

Completed form must be emailed to David Neff at dbneff@k12.wv.us

The Families First Coronavirus Act (FFCRA) requires certain employers to provide their employees with Emergency Paid Sick Leave (EPSL) and Expanded Family Medical Leave (EFML) for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

Section 1 - General Information

Employee Name: _____ Employee ID #: _____

Address: _____ School or Location: _____

Present Position: _____

Subject/Classification: _____ Full-Time _____ Part-Time _____

Section 2 - FFCRA Reason for Leave

Reasons 1 - 3 are paid at the regular rate of pay, capped at \$511 per day for up to 10 days cumulative.
Reason 4 is paid at 2/3 of the regular rate of pay, capped at \$200 per day for up to 10 days cumulative.
Reason 5 is paid at 2/3 of the regular rate of pay, capped at \$200 per day for up to 12 weeks cumulative. Closure notice or other documentation is required for item 5.
Employee is not required to use any accumulated leave prior to using EPSL or EFML.
Reasons 1 - 4, medical documentation is required.

I am unable to work because:

1. I am subject to a Federal, State or local quarantine or isolation order related to COVID-19. [**COVESF - COVID-19 EMER SICK FULL**]
2. I have been advised by a health care provider to self-quarantine related to COVID-19. [**COVESF - COVID-19 EMER SICK FULL**]
3. I am experiencing COVID-19 symptoms and seeking a medical diagnosis. [**COVESF - COVID-19 EMER SICK FULL**]
4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2). [**COVESP - COVID-19 EMER SICK PARTIAL**]
5. I am caring for a child whose school is closed or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons. Closure notice or other documentation is required for item 5. *By signing this form, I certify that, as a result of the closure, I cannot work or telecommute and that my spouse or significant other is unable to care for my son or daughter in lieu of me, and is not receiving EPSL at the same time as me.* [**First 10 days - COVESP - COVID-19 EMER SICK PARTIAL**] [**Up to 50 additional days - COVFMA - COVID-19 FMLA 10 WKS PART**]
6. I am subject to a required work related quarantine related to COVID-19 and am unable to telecommute. *Must have written directive from BCBOE Superintendent.* [**COVL - COVID LOCAL REASON**]

Section 3 - Dates (Not Valid after 12/31/2020) (Total Days in all categories combined cannot exceed 60)

First Date of Leave: _____ Late Date of Leave: _____

Total Number of Days Requested for Reasons 1 - 4 _____ (Maximum of 10 Days Allowed)

Total Number of Days Requested for Reason 5 _____ (Maximum of 60 Days Allowed)

Section 4 - Return to Work

Prior to completion of the Leave of Absence, the employee shall report his or her readiness to resume employment to his or her supervisor prior to the date of returning to work. A medical document stating the date to when the employee is to return is required for those on COVID-19 as indicated in items 1 - 4.

I affirm that, to the best of my knowledge, the information in this request is correct.

Signature of Employee or Representative

Date

Signature of Supervisor

Date

Section 5 - Comments and Approval from Personnel Director

Approved _____

Not Approved _____

Comments: _____

Signature of Personnel Director

Date

Section 6 - Comments and Approval from Treasurer

Approved _____

Not Approved _____

Comments: _____

Signature of Treasurer

Date

Section 7 - Comments and Approval from Superintendent

Approved _____

Not Approved _____

Comments: _____

Signature of Superintendent

Date

Section 8 - TSSI/SmartFind Express

Date Update Completed: _____

Section 9 - Payroll Department

Date Update Completed: _____

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at $\frac{2}{3}$ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">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); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
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▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



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