

The federal Families First Coronavirus Response Act (FFCRA) provides Emergency Paid Sick Leave (EPSL) and Expanded Family Medical Leave (EFML) from April 1, 2020 through December 31, 2020. Both EPSL and EFML apply only when employees have work available but cannot work or telework due to COVID-19 circumstances.

To request EPSL and/or EFML, please complete the appropriate sections of the form below.

I. EMPLOYEE DATA

Employee Name:		UID:	
Email Address:		Phone Number:	
Supervisor Name:		Supervisor Email:	

II. COVERED REASON FOR LEAVE: UNABLE TO WORK BECAUSE:

- 1. I am subject to a Federal, State, or local quarantine or isolation order related COVID-19
- 2. I have been advised by a health care provider to self-quarantine related to COVID-19
- 3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis
- 4. I am caring for an individual subject to a Federal, State, or local quarantine or isolation order related COVID-19
- 5. I am caring for my child(ren) whose school or place of care is closed, or whose child care provider is unavailable, due to COVID-19 related reasons
- 6. I am experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services

Reasons 1 - 3 are paid at the regular rate of pay, capped at \$511 per day. Reasons 4 - 6 are paid at 2/3 of the regular rate of pay, capped at \$200 per day.

III. EMERGENCY PAID SICK LEAVE (EPSL) – MAY BE USED FOR REASONS 1 – 6. EPSL MUST BE TAKEN AS CONTINUOUS/BLOCK LEAVE.

EPSL Start Date:		EPSL End Date:	
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IV. EXPANDED FAMILY MEDICAL LEAVE (EFML) – CAN ONLY BE USED FOR REASON 5. EFML MAY BE TAKEN AS CONTINUOUS/BLOCK LEAVE OR ON AN INTERMITTENT/REDUCED SCHEDULE BASIS.

EFML Start Date:		EFML End Date:	
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Type of Leave Requested (Check One): Continuous/Block Leave Intermittent Leave Reduced Schedule

If you are requesting intermittent leave or a reduced work schedule, please describe your schedule below:

V. QUARANTINE ORDER OR SELF-QUARANTINE - To be considered eligible for EPSL for the qualifying reason of a quarantine order or self-quarantine advice from a health care provider.

Contact information for the governmental entity ordering quarantine OR the health care provider advising self-quarantine:

Name:		Phone:	
Address:			

Families First Coronavirus Response Act Request Form

Name of Clinic/Hospital/Telemed Service:			
Full Name of Individual Subject to Quarantine (if other than employee):			
Relationship to Employee:		Date of Service:	

VI. SCHOOL/CHILD CARE PROVIDER FACILITY CLOSURE - *To be considered eligible for EPSL or EMFL for the qualifying reason of a child's school or child care provider closure or unavailability due to a public health emergency.*

Contact information for the school or child care facility that is unavailable:			
Name:		Phone:	
Address:			
Full Name of Child Needing Care:		Child's Age:	
Full Name of Child Needing Care:		Child's Age:	
Full Name of Child Needing Care:		Child's Age:	
For any child older than 14, explain the special circumstances requiring you to provide care during work hours.			

VII. SUPPLEMENTAL LEAVE COVERAGE - *EFML is capped at 2/3 of regular pay up to \$200 daily, as is EPSL when used for Reason #5. An employee may request to use other available paid leave, if COVID-19 paid administrative leave is not available, to supplement EFML or EPSL, to receive their full pay.*

Do you plan to use available paid leave to supplement EPSL and/or EFML?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Leave (Check all that apply):	<input type="checkbox"/> Compensatory Leave <input type="checkbox"/> Vacation Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Bonus Leave <input type="checkbox"/> Other	

VIII. EMPLOYEE ATTESTATION AND SIGNATURE

I understand that providing false or misleading information regarding the need for any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment. If I am providing care to a child or children, I certify that no other person will be providing care to the child(ren) named above during the period for which I am receiving EPSL and/or EFML. I attest that I have not previously received FFCRA benefits through UNCG or another employer.

Employee's Signature:		Date:	
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IX. SUPERVISOR ATTESTATION AND SIGNATURE

The FFCRA does not provide paid leave benefits to employees who are unable to work because they cannot perform their duties remotely and/or an alternative remote working arrangement is not possible due to the nature of their position.

Is work available for the employee and are they able to perform some or all of their duties remotely? Yes No

Supervisor's Signature:		Date:	
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Email this form to benefits@uncg.edu. For questions, please call Benefits at 336-256-0342 (fax:336-334-5585)