



AUGUSTA UNIVERSITY FFCRA LEAVE REQUEST FORM

Employees requesting leave pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this request form. Please discuss the request with your supervisor prior to submitting and please provide as much advance notice as reasonably practicable. Submit the completed form to Human Resources for processing.

Employee Name:	Employee ID #:
Employee Department:	E-mail:
Home Phone Number:	Cell Phone Number:
Supervisor Name:	Supervisor E-mail:
This is a (choose one): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	
Leave Requested: <input type="checkbox"/> Emergency Paid Sick Leave (EPSL) <input type="checkbox"/> Paid Health Emergency Leave (PHEL) (Emergency FML)	
Anticipated Begin Date of Leave:	Expected Return to Work Date:

Please check the leave type that applies. (Check all that apply; Supporting documentation must be provided for each type selected):

- 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
- 5) is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
- 6) is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Note: FFCRA includes an exemption and therefore does not cover "Health Care Providers" or "Emergency Responders" for Tier 2 (Options 4-6 listed above).

Examples of acceptable supporting documentation include:

- Employees subject to a quarantine or isolation order must provide the name of the government entity that issued the quarantine or isolation order.
- Employees advised by a healthcare provider to self-quarantine must provide the name of the healthcare provider.
- Employees caring for an individual must provide either (1) the name of the government entity that issued the quarantine or isolation order to which the individual being cared for is subject; or (2) the name of the health care provider who advised the individual being cared for to self-quarantine due to COVID-19-related concerns.
- Employees caring for a son or daughter must provide: (1) the name of the child being cared for; (2) the name of the school, place of care or child care provider that has closed or become unavailable; and (3) a representation that no other suitable person will be caring for the child during the employee's leave period. An employee seeking leave for this reason may need to explain why a teenaged child is in need of care.

Please provide above referenced details supporting your request below, or attach any documentation which may contains the referenced information below: _____

I am requesting (*choose one*): Continuous leave Intermittent leave

If your need for leave is intermittent, please describe the nature of your intermittent leave:

If you selected #5 on the first page – PLEASE COMPLETE:

To care for a child whose school or place of care is closed (or child provider is unavailable) for reasons related to COVID-19 (#5 from page 1), you **MUST** complete the following so that eligibility can be determined (based on the Department of Labor regulations - <https://www.dol.gov/agencies/whd/pandemic/ffcra-questions>).

Name of Child(ren): _____ Age(s): _____

Name of Child(ren)'s School _____ County: _____

School Schedule for each child (be sure to indicate in-person/remote): _____

Due to the schedule above, do you need to take leave to care for the child(ren) during the days of remote learning **AND** there are no other suitable person(s) available to do so? Yes No

Did your child(ren)'s school offer parents the options of choosing between remote and in person learning? Yes No

If the child is 100% remote learning, did you make the choice for 100% remote? Yes No

I certify that the above information is accurate and complete. I understand that I must contact the office of Human Resources regarding any changes or deviations to this request as submitted.

Employee Signature

Date

Supervisor Signature for Acknowledgement of Request

Date

Human Resources Signature

Date

HUMAN RESOURCES USE ONLY:

Employee out due to Self -or- Care of Others

- Tier 1:** Compensation for those employees who must be quarantined or isolated and/or are experiencing COVID-19 symptoms (criteria 1, 2, and 3) is capped at \$511 per day and an aggregate total of \$5,110.

(1) subject to a federal, state, or local quarantine or isolation order;

(2) advised by a health care provider to self-quarantine;

(3) experiencing symptoms and seeking a medical diagnosis;

- Tier 2:** Compensation for those who are caring for someone else (criteria 4 and 5) is to be at least two-thirds (2/3) of their regular pay rate but capped at \$200 per day and an aggregate total of \$2,000.

(4) caring for an individual who is subject to (1) or (2);

(5) caring for a son or daughter whose school or child care provider is closed or unavailable;

(6) experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

Required documentation (if applicable) received from employee: Received on: _____

Eligibility Determination - Eligible for FFCRA? Yes No