



## FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

The Families First Coronavirus Response Act (FFCRA) requires certain employers, including Orange County Government, to provide their employees with Emergency Family and Medical Leave, as well as **Emergency Paid Sick Leave (EPSL)**, for specified reasons related to COVID-19.

These provisions will apply from April 1, 2020 and will continue through December 31, 2020. Employees may utilize two new benefits passed by this emergency Federal legislation.

Emergency Paid Sick Leave (EPSL)	
<b>Leave Benefit</b>	<ul style="list-style-type: none"> <li>One-time benefit of up to 80 hours (consecutive) over a two-week period of EPSL is available to all employees if the employee is unable to work or telework due to COVID-19 related reasons.</li> <li>For part-time employees who work a consistent schedule, pay will be based on the average number of hours worked over a two-week period not exceeding 80 hours.</li> <li>For part-time employees who have a varied schedule, pay will be based on the average number of hours per week not exceeding 80 hours over the past six months.</li> <li>Employees are not required to use other sources of leave before using the EPSL.</li> </ul>
<b>Call-in Procedure</b>	<ul style="list-style-type: none"> <li>Employees are required to follow normal departmental call-in procedures, as well as inform their supervisor when requesting to use regular accrued leave or EPSL.</li> <li>Employees should state the reason for emergency leave and also specify the associated category of leave.</li> </ul>
<b>Emergency Paid Sick Leave – Self-Care</b>	<ul style="list-style-type: none"> <li>The EPSL is paid at an employee’s regular rate of pay, up to \$511 per day or up to a maximum total compensation of \$5,110, and includes leave where the:               <ul style="list-style-type: none"> <li>Employee received a Federal, State or local quarantine or isolation order.</li> <li>Employee’s health care provider recommends self-quarantine.</li> <li>Employee is experiencing symptoms and self-quarantines while awaiting a diagnosis.</li> </ul> </li> </ul>
<b>Emergency Paid Sick Leave – Care of Others</b>	<ul style="list-style-type: none"> <li>The EPSL is paid at two-thirds of the employee’s regular rate of pay up to \$200 per day or up to a maximum total compensation of \$2,000 for leave due to:               <ul style="list-style-type: none"> <li>Care of another who is under Federal, State or local ordered quarantine or isolation.</li> <li>Any other substantially similar condition as specified by the Secretary of the Federal Department of Health and Human Services.</li> <li>Care for child or children younger than 18 years of age or an adult child who is incapable of self-care when school, daycare or care provider is unavailable due to COVID-19.</li> </ul> </li> </ul>
<b>Request Process</b>	<ul style="list-style-type: none"> <li>Employees should complete the EPSL request form if they wish to apply for this benefit and submit it to their Manager or Designee.</li> </ul>

When applicable, I understand that if I choose to supplement any portion of the County's paid leave with my own leave accruals, I understand such accruals must be used in accordance with existing County policy and/or practices.



# EMERGENCY PAID SICK LEAVE

COVID 19: EPSL

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ EEID: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Department/Division: \_\_\_\_\_

## LEAVE REQUESTED

*When applicable, I understand that if I choose to supplement any portion of the County's paid leave with my own leave accruals, such accruals must be used in accordance with existing County policy and/or practices*

Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

Please complete questions 1 & 2 below if you are selecting leave options (4), (5), or (6):

1. Utilize accrued leave for the first 2 weeks: Yes  No

2. Number of Hour(s) Requested in Full Workday Increments: \_\_\_\_\_

## LEAVE OPTIONS

If you are unable to work due to the COVID-19 pandemic, you may be eligible for a one-time payment up to 80 hours of paid sick leave for a qualifying reason.

Please check the box below that describes the reason you are unable to work or telework:

- (1) You are subject to a federal, state or local quarantine or isolation order related to COVID-19;
- (2) You have been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
- (3) You are experiencing symptoms of COVID-19 and you are seeking a medical diagnosis;
- (4) You are caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
- (5) You are caring for your child whose school or place of care is closed [or child care provider is unavailable] due to COVID-19 related reasons;
- (6) You are experiencing any other substantially-similar condition specified by the U.S. Department of Health

## COMPLETED BY MANAGEMENT

Approved

Denied

Manager (or Designee) Print Name: \_\_\_\_\_ EEID: \_\_\_\_\_

Manager (or Designee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please complete second page -





# EMERGENCY PAID SICK LEAVE *continued...*

## COVID 19: EPSL

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ EEID: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Please select **one** reason from the list below why you are unable to work or telework

Reason (1): You are subject to a federal, state or local quarantine or isolation order related to COVID-19

Provide documentation from the government entity that issued the quarantine or isolation order.

\_\_\_\_\_

Reason (2): You have been advised by a health care provider to self-quarantine due to concerns related to COVID-19

Provide medical certification from your health care provider.

\_\_\_\_\_

Reason (3): You are experiencing symptoms of COVID-19 and you are seeking a medical diagnosis

Provide medical certification from your health care provider.

\_\_\_\_\_

Reason (4) and (6): You are caring for an individual subject to an order described in (1) or self-quarantine as described in (2)

Provide documentation from either the government entity that issued the quarantine or isolation order or medical documentation from a health care provider.

\_\_\_\_\_

Reason (5): You are caring for your child whose school or place of care is closed [or child care provider is unavailable] due to COVID-19 related reasons

Name of the child[ren] being cared for: \_\_\_\_\_

Name of the school(s), place(s) of care or child care provider(s) that closed or became unavailable due to coronavirus reasons: \_\_\_\_\_

Statement representing that no other suitable person is available to care for the child[ren] during the period of requested leave: \_\_\_\_\_

\_\_\_\_\_

I certify that the statements provided in both forms are true and correct to the best of my knowledge and I understand that a false statement may disqualify me from EPSL.

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