

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;
- ⅔ 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 ⅔ 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:

- | | |
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| <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



**Albemarle County
Emergency Family and Medical Leave Certification**

Name:	Position:
Department:	Supervisor:
Telephone:	Email:
Date(s) Requested (or write "intermittent"):	

This form is for employees to certify use of Emergency FMLA for the COVID-19 related reason listed below.

This form can be submitted by all full-time and part-time employees, both regular and temporary (including those not benefits eligible) who have been employed for at least thirty (30) days. Emergency responders are not eligible for this leave type.

- I am caring for my child[ren] (under the age of 18; or over 18 who has a mental or physical disability and is incapable of self-care because of that disability) due to the school or place of care being closed, or the child care provider of my child[ren] is unavailable, due to COVID-19 precautions.

Documentation of the reason for the leave will also be necessary. For example, this could include a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

Documentation (select all that apply):

- My child[ren] attend a K-12 public or private school in Virginia which has been closed per the [Governor's orders](#) (no additional documentation needed);
- After a good faith effort to obtain child care for my child[ren], I have found it to be unavailable due to this public health emergency (no additional documentation needed);
- Other appropriate documentation attached

Acknowledgment and Authorization

I, confirm, that I meet the conditions checked above. I further confirm that I am unable to work and I am unable to telework for the above checked reason. I understand that documentation will be required to support this request and must be submitted with this certification or within 2 weeks if not immediately available (unless selecting a reason above that does not require additional documentation).

- I have discussed telework options with my supervisor and deemed that none of the options were applicable

I understand that if I selected intermittent use above, I am expected to communicate with my supervisor about use of this leave prior to each use. My supervisor may ask me about pending work that others may need to complete when I notify my supervisor of each use.

Signature: _____ Date: _____

Please submit this form to Human Resources by emailing it to Benefits@albemarle.org
