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:

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

▸ 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

WH1422 REV 03/20

Albemarle County
Emergency Paid Sick Leave Certification

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

This form is for employees to certify use of Emergency Sick Leave for a COVID-19 related reason. This form can be submitted by all full-time and part-time employees, both regular and temporary (including those not benefits eligible), for any of the following reasons.

☐ 1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;

☐ 2) I have been advised by a health care provider to self-quarantine related to COVID-19;

☐ 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis;

☐ 4) I am caring for an individual who is subject to an order described in (1) or self-quarantine as described in (2);

☐ 5) I am caring for my child[ren] due to their school or place of care being closed, or the child care provider of my child[ren] is unavailable, due to COVID-19 precautions. (Emergency responders are not eligible for this leave type for this reason);

- ☐ 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 childcare 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

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

Documentation of the reason for the leave will also be necessary, such as the source of any quarantine or isolation order, or the name of the health care provider who has advised you to self-quarantine. For example, this documentation may include a copy of the Federal, State or local quarantine or isolation order related to COVID-19 applicable to the employee or written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19.

Acknowledgment and Authorization

I, confirm, that I meet the condition(s) 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 your Department Head/Designee. If selecting reason #5 above, also submit a copy of this form to Benefits@albemarle.org

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Departments/Schools please send a copy of this completed form to HR for inclusion in the employee's medical personnel file.