

“Families First Coronavirus Response Act”

Employee Document

(FFCRA) Effective April 1, 2020 – December 31, 2020 (Unless extended)

Explanation

- ✓ Employees who meet any of the six conditions listed below are eligible for emergency paid sick leave, **regardless of their tenure** as an employee.
- ✓ Anyone employed for 30 days or more is eligible for “Family Medical Leave Act” (FMLA) for up to 12 weeks, total. The usual FMLA requirement of 12 months, 1250 hours worked does not apply to employees taking FMLA **due to the Coronavirus pandemic**.
- ✓ Applies to an employee who is **UNABLE** (NOT unwilling) to work or telework for any of the six reasons listed.

Directions:

- ✓ **Circle the number** of the condition under which the employee believes they qualify for FFCRA.
- ✓ **Attach the supporting documentation** as defined with each condition below.
- ✓ **Sign, date, and return this form** by **email (only)** to any of the following personnel in the District Office:

- Bobi Roberts _____ Date _____
- Luetta Yoder _____ Date _____
- Dr. Michael Clagg _____ Date _____

1. The employee is subject to a federal, state, or local quarantine/isolation order related to COVID-19.
 - A. Documentation required: Order issued by federal, state, or local official authorized to issue such an order and proof of being in the quarantine area.
 - B. Proof of being in the quarantine area? _____ Yes (Attached) _____ No

2. The employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
 - A. Documentation required: Statement from healthcare provider advising the employee to self-quarantine due to concerns related to COVID-19.
 - B. Has such a statement been received? _____ Yes (Attached) _____ No

3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 - A. Documentation required: Doctor’s note indicating the employee is experiencing symptoms of COVID -19 and seeking a diagnosis.
 - B. Has such a note been received? _____ Yes (Attached) _____ No

4. The employee is caring for an individual who is subject to an order as described in #1 and #2 above or has been advised as described in #1 and #2 above.
 - A. Documentation required: Same as required in #1 and #2 above.
 - B. Has such documentation been received? _____ Yes (Attached) _____ No

5. The employee is caring for his or her son or daughter if the school or place of care of the son or daughter has been closed, or the childcare provider of the son or daughter is unavailable, due to COVID-19 precautions.
 - A. Documentation required Statement from employer or childcare provider that they have been closed due to COVID-19 precautions.
 - B. Has such documentation been received? _____ Yes (Attached) _____ No

6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor.
- A. Documentation required: Doctor's note stating the employee is experiencing any other substantially similar condition as specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.
- B. Has such documentation been received? _____ Yes (Attached) _____ No

Name printed: _____ Signature _____ Date: _____
Employee name **printed**, and **signed** **Date submitted**

The area below this line is for office use only. Please leave blank.