The recently enacted Families First Coronavirus Response Act (FFCRA) gives employers the opportunity to give employees Emergency Paid Sick Leave (EPSL) and Emergency / Expanded Paid Leave under the Family and Medical Leave Act (EPFMLA) for qualified reasons effective April 1, 2020. The reasons (see below) and requirements (see the attached) are stipulated by the Department of Labor and Internal Revenue Service for to be reimbursed for the cost of the paid LOA.

Before a leave can begin the request must be submitted with all the required documents and approved. To request a leave under either the EPSL or EPFMLA these are the steps you will need to follow.

- Complete the attached LOA FFCRA Request form
- Fill in the type of LOA you are requesting, EPSL or/and EPFMLA
- Fill in the dates and time off you are requesting
- Mark the reason you are requesting an LOA
- Attached the required documentation listed for the type of LOA
- If you are requesting both the EPSL and EPFMLA fill in both sections
- Once the form is complete talk to your supervisor about your request.
- After consideration, your Supervisor will fill in the reason/s why you cannot work from home, or why you can only work reduced hours
- Some reasons for LOA only give 2/3rs of paid time, ALA will allow employees to supplement with accrued available paid time off, fill in the sections on the request form that ask how you want to be paid.

*This requirements by the Department of Labor and Internal Revenue Service continue to evolve and requirements may change as we get more guidance.

**Brief summary**

Emergency Paid Sick Leave (EPSL)
- eligibility, anyone on payroll, ft, pt, even temps up to 2 weeks
  
  **If the employees is unable to work or telework for one of the following reasons**
  
  1. You are subject to a federal, state, or local quarantine or isolation order related to COVID-
  2. You have been advised by a health care provider to self-quarantine because of COVID-19;
  3. You are experiencing symptoms of COVID-19 and seeking a medical diagnosis;
  4. the employee is caring for an individual subject or advised to quarantine or isolation;
  5. the employee is caring for a son or daughter under age of 18 whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions; (if for children **between 14 and 18 years of age**, need reason why they need special attention and need parent to take care of them)
  6. the employee is experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

  (printed documentation that seeking diagnosis from medical provider due to COVID-)

If for reasons 1,2, or 3 sick leave is **paid at regular rate** up to 2 weeks of time
If for reasons 4,5, or 6 is **paid at 2/3rs regular rate** up to 2 weeks of time

**EMERGENCY / Expanded Paid FAMILY AND MEDICAL LEAVE ACT (EPFMLA) effective 4/1/2020 for reason #5 above**
eligible employee, has been on the employer’s payroll for 30 calendar days
-up to 12 weeks of FMLA leave for an employee is unable to work (or telework)
  • paid at 2/3 regular rate

ALA allow them to use 1/3 of available paid time off before going unpaid
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:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</td>
</tr>
<tr>
<td>2.</td>
<td>has been advised by a health care provider to self-quarantine related to COVID-19;</td>
</tr>
<tr>
<td>3.</td>
<td>is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</td>
</tr>
<tr>
<td>4.</td>
<td>is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</td>
</tr>
<tr>
<td>5.</td>
<td>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</td>
</tr>
<tr>
<td>6.</td>
<td>is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</td>
</tr>
</tbody>
</table>

**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.
ALA Families First Coronavirus Response Act (FFCRA) Leave Request form

Families First Coronavirus Response Act (FFCRA) effective 4/1/20 through 12/31/2020
Provides employees two types of paid time off depending on the circumstances if they are not able to work remotely
- Emergency Paid Sick Leave (EPSL) and
- Emergency / Expanded Paid Family and Medical Leave Act (EPFMLA) qualified reasons. (see following section)

Employee name (print): ____________________________  Department: __________________
Job title: ______________________ Date of hire: _______ Status: ( ) Full time  ( ) Part time

Request for
- _____ Emergency Paid Sick Leave (EPSL) for the qualified reason marked below
- _____ Emergency Paid Family and Medical Leave Act (EPFMLA) for the qualified reason marked below

<table>
<thead>
<tr>
<th>Request to be off continuously (no work at all)</th>
<th>Date from</th>
<th>Date to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request reduced schedule / intermittent (describe proposed schedule)</td>
<td>Date from</td>
<td>Date to</td>
</tr>
</tbody>
</table>

EMERGENCY PAID SICK LEAVE (EPSL)
Eligible Employee: An employee is immediately eligible for paid sick leave if he/she is unable to work or telework because of one of the following (see the documents required to qualify)

Mark the reason you are not able to work or telework/work remotely/work from home
- _____ 1. You are subject to a federal, state, or local quarantine or isolation order related to COVID-19; (printed copy of the quarantine order)
- _____ 2. You have been advised by a health care provider to self-quarantine because of COVID-19; (printed copy of medical provider notice directing you to self-quarantine due to COVID-19)
- _____ 3. You are experiencing symptoms of COVID-19 and seeking a medical diagnosis; (printed documentation that seeking diagnosis from medical provider due to COVID-19)
- _____ 4. the employee is caring for an individual* subject or advised to quarantine or isolation; (printed copy of the medical provider directing individual you are caring for due to COVID-19)
- _____ 5. the employee is caring for a son or daughter under age of 18 (list name/s and date/s of birth of child/ren, name of school or childcare place they normally attend ____________________________________________ ____________________________________________________________________________________________

whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions; and another -parent or co-guardian is available to provide care to your child/ren (printed copy of the notice of school or childcare provider closing due to COVID-19)
(if for children between 14 and 18 years of age, need reason why they need special attention and need parent to take care of them, attach statement)

6. the employee is experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

(printed documentation that seeking diagnosis from medical provider due to COVID-19)

Paid sick time is NOT FROM YOUR SICK ACCRUALS,
If for reasons 1, 2, or 3 sick leave is paid at regular rate up to 2 weeks of time up to $511 per day ($5,110 maximum)
- Full-time employees paid at regular rate
- Part-time employees: paid at the average hours worked over course of prior 6 months

Reasons 4, 5, or 6 paid at 2/3 (two-thirds) the employee’s regular rate, up to $200 per day ($2,000 maximum)
- Full-time employees sick leave is paid at 2/3 regular rate
- Part-time employees: paid at 2/3 regular rate of the average hours worked over course of prior 6 months

ALA will allow employees to who use EPSL at 2/3rds or their rate of pay to use available accrued paid time off for the 1/3 of your regular rate to add to the 2/3rds of EPSL.

EMERGENCY PAID FAMILY AND MEDICAL LEAVE ACT (EPFMLA)
Eligible Employee: Any employee that has been on the employer’s payroll for 30 calendar days (FMLA in general is 1 full year eligibility) pays at the rate of 2/3rds rate of pay.
Eligible employees can take up to 12 weeks of EPFMLA leave when an employee is unable to work (or telework) for reason #5 above.

ALA will allow employees to who use EPSL at 2/3rds or their rate of pay to use available accrued paid time off for the 1/3 of your regular rate to add to the 2/3rds of EPSL.

Pay Options during EPSL and/or EPFMLA
Mark the option you want/qualify for

<table>
<thead>
<tr>
<th>EPSL</th>
<th>EPFMLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>First 2 weeks are paid at full rate (if for reasons 1, 2, or 3)</td>
</tr>
<tr>
<td>NA</td>
<td>First 2 weeks are paid at 2/3rd of regular rate (if for reasons 4, 5, or 6)</td>
</tr>
<tr>
<td>NA</td>
<td>If EPSL at 2/3rds of regular pay want to supplement with available paid sick and/or vacation time</td>
</tr>
<tr>
<td>NA</td>
<td>First 10 days (if qualify for EPFMLA (reason #5) but don’t qualify for EPSL the) can use accrued available paid sick and/or vacation time</td>
</tr>
<tr>
<td>NA</td>
<td>If for EPFMLA (reason #5) 10 weeks paid at 2/3 of the employee’s regular rate.</td>
</tr>
<tr>
<td>NA</td>
<td>If for EPFMLA (reason #5) want to supplement with available paid sick and/or vacation time for the other 1/3rd of regular pay from earned sick/vacation</td>
</tr>
</tbody>
</table>

if no elections are made we will use any available accrued paid time off available starting with sick, then vacation before you go unpaid
Notice Requirement: Employees are required to provide documentation for reasons marked above to qualify for these Paid Leave options.

Employee Certification of request

I (employee print name) ___________________________ certify that I have read and fully understand the information in the attached Notice of Employee Rights Paid Sick Leave (EPSL) And Emergency /Expanded Family And Medical Leave (EPFMLA) Under The Families First Coronavirus Response Act (FFRCA). Attached is/are the documents to verify that I qualify for the marked qualifying reason.

<table>
<thead>
<tr>
<th>Employee Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Supervisor statement and signature verifies that employee is not able to work from home

Reason employee cannot work remotely/ from home

<table>
<thead>
<tr>
<th>Supervisor Name Print</th>
<th>Supervisor Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Once signed by employee requesting and supervisor please return to Grisela Rodriguez with required documentation.

* Individual defined as immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for them in a quarantine situation.

For office use only:

________ Approved  Notes

________ Denied Notes