Families First Coronavirus Response Act (FFCRA) Guidelines

for Athens State University

FMLA Leave Expansion and Emergency Paid Sick Leave (Coronavirus)

Purpose

To comply with the Families First Coronavirus Response Act (FFCRA) and to assist employees of Athens State University affected by the COVID-19 outbreak with job-protected leave and emergency paid sick leave.

The FFCRA created among other things, the Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act. The Emergency Family and Medical Leave Expansion Act temporarily amends and expands the traditional Family and Medical Leave Act until December 31, 2020, to provide paid job-protected leave to both full-time and part-time employees who have been employed for at least 30 calendar days by Athens State University. An employee may be entitled to a combined maximum of 12 weeks, including any additional federal FMLA the employee may have taken during the 12 month rolling leave year as defined by Athens State University Policy Number: IV.20.

Emergency Paid Sick Leave (EPSL)

Eligibility

All full- and part-time employees 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 (see Emergency Family and Medical Leave, below).

Qualifying Reasons for Using Emergency Paid Sick Leave

An employee is entitled to take leave related to COVID-19 if the employee is unable to work 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 2 above
5. is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; or
6. 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;
**Amount of Leave**

Eligible full-time employees will have up to two weeks (80) hours of paid sick leave available to use for the qualifying reasons above. Eligible part-time employees are entitled to the number of hours worked, on average, over a two-week period.

**Rate of Pay**

Paid emergency sick leave will be paid at the employee's regular rate of pay, or minimum wage, whichever is greater, for leave taken for reasons 1-3 above. Employees taking leave for reasons 4-6 will be compensated at two-thirds their regular rate of pay, or minimum wage, whichever is greater.

- 100% of regular rate of pay for qualifying reasons #1 through #3 above, up to a maximum of $511 daily and $5,110 total;
- 2/3 regular rate of pay for qualifying reasons #4 through #6 above, up to a maximum of $200 daily and $2,000 total.

**Interaction with Other Paid Leave**

The employee may use emergency paid sick leave under this policy before using any other accrued paid time off for the qualifying reasons stated above.

Employees on expanded FMLA leave under this policy may use emergency paid sick leave during the first two weeks of normally unpaid FMLA leave.

An employee may elect to supplement the 2/3 pay rate by using accrued and available paid leave (annual, sick, personal) concurrently with EPSL.

**Procedure for Requesting Emergency Paid Sick Leave**

Employees must notify the Office of Human Resources of the need and specific reason for leave under this policy. A form will be provided to all employees on the University’s intranet and/or in a manner accessible to all. Verbal notification will be accepted until practicable to provide written notice.

Once emergency paid sick leave has begun, the employee and his or her supervisor must determine reasonable procedures for the employee to report periodically on the employee’s status and intent to continue to receive paid sick time.

**Carryover**

Paid emergency sick leave under this policy will not be provided beyond December 31, 2020. Any unused emergency paid sick leave will not carry over to the next year or be paid out to employees.
Expanded FMLA Leave

Employee Eligibility

All employees who have been employed by Athens State University for at least 30 days may be eligible.

Reason for Leave

Eligible employees that are unable to work due to a need for leave to care for the employee’s child if the child’s school or child care provider has been closed, or the child care provider is unavailable, due to COVID-19 (reason #5 above).

“Child” means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is-

(A) under 18 years of age; or

(B) 18 years of age or older and incapable of self-care because of a mental or physical disability.

“Childcare provider” means a provider who receives compensation for providing childcare services on a regular basis, including:

- a center-based childcare provider
- a group home childcare provider
- a family childcare provider (one individual who provides childcare services for fewer than 24 hours per day, as the sole caregiver, and in a private residence)
- other licensed provider of childcare services for compensation
- a childcare provider that is 18 years of age or older who provides childcare services to children who are either the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece, or nephew of such provider, at the direction of the parent.

“School” means an elementary or secondary school.

Duration of Leave

Eligible full-time and part-time employees are entitled to 12 weeks of job-protected leave under FMLA/FFCRA. The first 2 weeks of the 12 weeks’ job-protected leave will be unpaid unless the employee has another form of paid leave available and elects to use that paid leave. The employee may use EPSL for the first 10 days.

- After the first 2 weeks of unpaid leave, the following 10 weeks of expanded family and medical leave will be paid at 2/3 the regular rate of pay, for up to a maximum of $200 daily and $10,000 aggregate.
- An employee may elect to supplement the 2/3 pay rate to 100% of the regular rate of pay by using accrued and available paid leave (annual, sick, personal) concurrently with emergency FMLA leave for the remaining 1/3 pay. (Employee may not earn more than 100% of their salary).

Notice

Employees who need to request EPSL or Emergency FMLA should provide reasonable notice of the need for leave in coordination with their department’s leave practice. Supporting documentation of the need for leave must be provided to the Office of Human Resources.

To help you determine if you are eligible for EPSL or Emergency FMLA, please review the following table:
## TYPE OF LEAVE REQUESTED

<table>
<thead>
<tr>
<th><strong>Emergency Paid Sick Leave (EPSL)</strong></th>
<th><strong>Emergency Expanded FMLA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Permitted:</strong> Two weeks (10 days) maximum</td>
<td><strong>Time Permitted:</strong> Twelve weeks total</td>
</tr>
<tr>
<td><strong>Type of Leave:</strong> Paid Leave</td>
<td><strong>Type of Leave:</strong> Two weeks unpaid. Ten weeks paid. Weeks 3 – 12 of expanded family and</td>
</tr>
<tr>
<td></td>
<td>medical leave will be paid at 2/3 the regular rate of pay, for up to a maximum of $200</td>
</tr>
<tr>
<td></td>
<td>daily and $10,000 aggregate.</td>
</tr>
<tr>
<td>I am unable to work for the following reasons: (one condition must apply)</td>
<td>I am unable to work: (both conditions must apply)</td>
</tr>
<tr>
<td>_____ I am subject to a federal, state or legal quarantine or isolation</td>
<td>_____ I am caring for my son or daughter (under the age of 18) because school or place of</td>
</tr>
<tr>
<td>order related to COVID-19.</td>
<td>care has been closed due to COVID precautions, and</td>
</tr>
<tr>
<td>_____ I have been advised by a health care provider to self-quarantine</td>
<td>_____ I have been employed by this employer for at least 30 days.</td>
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<tr>
<td>due to concerns related to COVID.</td>
<td></td>
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<tr>
<td>_____ I am experiencing symptoms of COVID and am seeking diagnosis.</td>
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<tr>
<td>_____ I am caring for an individual who is subject to self-quarantine by</td>
<td></td>
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<tr>
<td>a federal, state, or local order or was advised by a health care</td>
<td></td>
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<tr>
<td>provider to self-quarantine</td>
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<tr>
<td>_____ I am caring for my son or daughter (under the age of 18) because</td>
<td></td>
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<tr>
<td>school or place of care has been closed due to COVID precautions.</td>
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<tr>
<td>_____ I am experiencing other conditions substantially similar to COVID</td>
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<td>as specified by the Secretary of HHS.</td>
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</tbody>
</table>

**Maximum Leave Rights:** An employee is entitled to a combined maximum of 12 weeks, including any additional federal FMLA the employee may have taken during a 12 month leave year.

Documentation supporting eligibility for this leave is required. The University reserves the right to tentatively approve your request for leave pending receipt of written documentation that you qualify. A letter from your doctor, the health care provider’s name, or evidence that the daycare is closed will help expedite approval of your request.

If you have any questions or believe you may qualify for leave under the FFCRA, please complete the form. And submit it to HR@athens.edu.