

Appendix 381.1-A
CERTIFICATION FORM
Emergency Paid Sick Leave or E-FMLA Leave

This form is required for employees requesting or eligible for Emergency Paid Sick Leave or leave under the Emergency Family and Medical Leave Expansion Act (“E-FMLA”), which are part of the federal Families First Coronavirus Response Act (“FFCRA”), effective April 1, 2020 to December 31, 2020.

Instructions: Please answer the following questions and the certification of your need for leave fully and completely, including all applicable parts. Providing false information or fraudulently certifying a need for leave will be grounds for discipline, up to and including termination from employment and/or grounds for legal action under applicable law.

Please note that if you need to take leave beyond the two weeks of emergency paid sick leave because an eligible medical condition for COVID-19-related reasons rises to the level of a serious health condition, you will be required to provide additional information and certifications as required under the Family Medical Leave Act.

Employee Name (print clearly): _____

Position: _____ **School:** _____

Provide the first date of your need for leave and the expected duration of your need for leave:

Select and describe the reason(s) for your need for the leave:

- You are subject to a federal, state or local quarantine or isolation order related to COVID-19 and are unable to work or telework.

Identify the governmental entity ordering your isolation or quarantine:

- You have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 and are unable to work or telework.

Identify the health care provider who advised you to self-quarantine:

- You are experiencing symptoms of COVID-19, and you are seeking a medical diagnosis and are unable to work or telework.

Symptoms of COVID-19 are: fever, dry cough, shortness of breath, or other COVID-19 symptoms identified by the U.S. Centers for Disease Control and Prevention (CDC).

- You are caring for an individual subject to a Federal, State or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19, and are unable to work or telework.

Identify the person for whom you are providing care and his or her relationship to you:

Identify the government entity that issued the quarantine or isolation order to which the individual being cared for is subject:

Identify the health care provider who advised the individual being cared for to self-quarantine:

- You are caring for your son or daughter* whose school or place of care has closed (or whose child care provider is unavailable), as a result of COVID-19 precautions, and are unable to work or telework.

Name(s) and age(s) of child(ren) requiring care:

If your child(ren) is/are age 14 or older, provide the special circumstances that exist requiring you to provide care:

Identify the name of the school or child care provider that has closed or become unavailable due to COVID-19:

If this is your need for leave, initial below verifying that during the period of leave, no other suitable person will be providing care for the child(ren) identified above.

I hereby verify to the above is true: _____ (initial)

I hereby verify to the above is NOT true: _____ (initial)

- You are 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 and are unable to work or telework.

By signing below, I certify that I require Emergency Paid Sick Leave or leave under the E-FMLA for a qualified reason as set forth below and in the attached notification poster. I also certify that the foregoing answers, including my inability to work or telework, are true, accurate, and complete to the best of my knowledge.

Signature

Date

*Son or daughter is defined as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is under 18 years of age; or 18 years of age or older who is incapable of self-care because of a mental or physical disability.

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;
- $\frac{2}{3}$ 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 $\frac{2}{3}$ 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

