UNION COUNTY
FAMILIES FIRST CORONAVIRUS RESPONSE ACT
REQUEST FOR LEAVE

Effective April 1, 2020, and ending on December 31, 2020, employees will be entitled to the limited use, expanded leave under the Families First Coronavirus Response Act. As a result, any employee requesting leave under this Act shall complete this form.

Employee Name:_____ Date:_____

Full-time employees are entitled to up to 80 hours of paid sick leave, and part-time employees are entitled to paid sick leave for the number of hours normally worked in a two-week period for any of the reasons listed below.

Employees who have been employed for at least 30 days who need leave for reason #5 are entitled to up to an additional 10 weeks of FMLA leave to the extent that FMLA time has not already been utilized within the past 12 months from the date leave is first requested.

Beginning Date/Time of Leave:_____

Ending Date/Time of Leave:_____

Reason for Leave (please check):

- ☐ 1. The employee is subject to a Federal, State, or Local quarantine or isolation order related to COVID-19.
- ☐ 2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- ☐ 3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- ☐ 4. The employee is caring for an individual who is subject to an order as described in (1) or has been advised as described in (2).
- ☐ 5. The employee is caring for a minor son or daughter whose school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.
- ☐ 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.

Commented [GY1]: This time is included in and not in addition to the total FMLA entitlement of 12 weeks in a 12-month period.

Commented [GY2]: Emergency Paid Sick Leave – paid at 100% for up to 2 weeks capped at $511/day; $5110 aggregate)

Commented [GY3]: Emergency Paid Sick Leave – paid at 100% for up to 2 weeks (capped at $511/day; $5,110 aggregate)

Commented [GY4]: Emergency Paid Sick Leave – paid at 100% for up to 2 weeks (capped at $511/day; $5,110 aggregate)

Commented [GY5]: Emergency Paid Sick Leave – paid at 2/3% for up to 2 weeks (capped at $200/day; $2,000 aggregate)

Commented [GY6]: First 2 weeks: Emergency Paid Sick Leave – paid at 2/3% for up to 2 weeks (capped at $200/day; $2,000 aggregate)
Next 10 weeks: Expanded FMLA – paid at 2/3% for up to 10 weeks (capped at $200/day; $10,000 aggregate); use paid Emergency Paid Sick Leave during first 10 unpaid days.

Commented [GY7]: Emergency Paid Sick Leave – paid at 2/3% for up to 2 weeks (capped at $200/day; $2,000 aggregate)

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Pay for leave for reasons #1, 2, or 3 is paid at the higher of the employee's regular rate of pay or the applicable state or federal minimum wage, no more than $511 per day. Leave for these reasons will correspond to the Munis pay code 152 – COVID-19

Pay for leave for reasons #4, 5, or 6 is paid at the higher of two-thirds of the employee's regular rate of pay or the applicable state or federal minimum wage, no more than $200 per day. FMLA pay for reason #5 is capped at the same rate, not to exceed a total of $12,000. Leave for these reasons will correspond to the Munis pay code 154 – Emergency FMLA.

Commented [GY8]: This combines the first 2 weeks of Emergency Paid Sick Leave) (capped at $2,000 aggregate) and remaining 10 weeks of Expanded FMLA (capped at $10,000 aggregate).

If leave for reasons 4, 5, or 6 is requested, is the employee requesting to supplement the partial paid leave with other available accrued leave? ☐ Yes ☐ No

Note: For use of supplemental leave, the leave request must meet the guidelines for the specific type of leave being requested, as outlined in the Union County Personnel Manual.

If yes, specify the type of leave requested:

☐ Sick ☐ Vacation

☐ Comp Time ☐ Personal

☐ Other (please specify): _____

I, the undersigned employee, certify all statements herein to be complete and true. I understand that falsification is cause for discipline up to and including termination of employment.

_____ _____
Signature of Employee Date

_____ _____
Signature of Department Head/Supervisor Date

☐ Approved ☐ Not Approved Reason_____