



Request for Leave of Absence

Families First Coronavirus Response Act

In response to the COVID-19 pandemic, the **Families First Coronavirus Response Act (FFCRA)** requires employers to provide their employees with paid sick leave or family medical leave for specified reasons related to COVID-19. The FFCRA is effective April 1, 2020 through December 31, 2020.

PLEASE COMPLETE AND SUBMIT THIS FORM TO HUMAN RESOURCES AS SOON AS THE NEED FOR LEAVE IS KNOWN.

Employee Name: _____ Date: _____

Job Title: _____ Department: _____

Telephone Number: _____ HOME CELL

Email: _____ Employee ID #: _____

LEAVE INFORMATION

Requested Start Date: _____	Extension Return Date: _____
Anticipated Return Date: _____	

TYPE OF LEAVE

<input type="checkbox"/> Continuous Leave	<input type="checkbox"/> Intermittent
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LEAVE REQUEST

Please indicate the type of leave(s) you are applying for by checking appropriate boxes below. Please contact HR with any questions.

Note: Appropriate leave documentation or employee statement must be properly completed and submitted before leave is officially approved or disapproved.

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (HR 6201):

EMERGENCY PAID SICK LEAVE

A) Eligible full-time employees may qualify for 80 hours of fully paid sick leave (pro-rata rules apply to part-time employees) in addition to any other existing paid leave program of the employer (up to \$511 per day and \$5,110 in the aggregate over the 80 hour, 2-week period) for the following reasons:

Please check the applicable allowable reason:

- 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 COVID-19 symptoms and is seeking a medical diagnosis.

B) Eligible full-time employees may qualify for 80 hours of paid sick leave at a rate of 2/3 of regular rate of pay (pro-rata rules apply to part-time employees) in addition to any other existing paid leave program of the employer (up to \$200 per day and \$2,000 in aggregate for the 80 hour, 2 week period) for the following reasons:

Please check the applicable allowable reason:

- 1) The employee is caring for an individual subject to a quarantine order from the Federal, State, or local authorities, or from a health care provider.
- 2) The employee is caring for a child whose school or place of care has been closed, or whose childcare provider is unavailable due to COVID-19 precautions.
- 3) The employee is experiencing any other substantially similar condition, as defined by the United States Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury.

EMPLOYEE understands that pay will be two-thirds of regular rate of pay and must select one of the following options:

- Employee wishes to use available accrued leave balances for the remaining one-third of regular rate of pay.
- Employee declines to supplement with accrued leave balances.

EMERGENCY PAID FAMILY LEAVE (expansion of FMLA) – Eligible employees may qualify for Emergency Paid Family Leave due to the following reason:

- Unable to work or telework due to a need for leave to care for a child if the child’s school or place of care has been closed, or if their child care provider is unavailable, due to a public health emergency related to COVID-19
 - The first ten days of leave are unpaid, but employees are permitted (but not required) to:
 - Substitute any accrued leave for the unpaid leave,
 - Use any available balance of Emergency Paid Sick Leave for the first ten days.
 - After the first 10 days of unpaid leave employers must provide paid leave for the remainder of the 12-week period. Employees must be paid at least two-thirds of their regular rate of pay, for the number of hours they would normally be scheduled to work. This paid leave is capped at \$200 per day and \$10,000 total.
 - As with traditional FMLA leave, employees will be permitted to return to the same or equivalent position upon return to work, with some rare exceptions.

EMPLOYEE understands that pay will be two-thirds of regular rate of pay and must select one of the following options:

- Employee wishes to use available accrued leave balances for the remaining one-third of regular rate of pay.
- Employee declines to supplement with accrued leave balances.

EMPLOYEE REQUIREMENTS & INFORMATION

- To request a Leave of Absence refer to the following Guidelines and Policies as outlined:
 - Submit the Request for Leave of Absence to HR as soon as foreseeable.
 - Notify your Supervisor of the Leave Request.
 - Once the Request for Leave of Absence has been submitted HR will follow up regarding any requirements, or supporting documentation needed to determine the eligibility status of the Leave request.
 - Report your hours in Munis Employee Self-Service
 - Emergency Paid Sick leave- enter as a leave request
 - Emergency Paid Family Leave (weeks 1-2)- enter as leave request w/accruals or unpaid (weeks 3-12) report on time sheet w/FMLA Emerg. Fam
- Health insurance premium responsibilities are as follows:
 - FMLA: An employee who is on FMLA leave shall continue to pay his or her share of any group health plan insurance premiums through payroll deductions or through billing if FMLA leave is unpaid. See Town of Marana Personnel Policy Section 4-7-15.
 - Emergency Paid Sick Leave: An employee who is on Emergency Paid Sick leave shall continue to pay his or her share of any group health plan insurance premiums through payroll deductions.
- For Emergency Paid Sick leave, you may be required to furnish a certification of fitness to return to work prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
- If you fail to report to work at the conclusion of the leave period as stated above and you have not submitted a written request for an extension, you will be considered to have resigned and your employment will be terminated.

EMPLOYEE ATTESTMENT

Employee must complete one of the two following options:

- Documentation attached.** May include items to support allowable reason for leave such as information from medical provider; verification of closure dates from school or child care.
- Employee attests the following facts regarding this request:**

Employee Signature: _____ Date: _____

Additional information, details and the forms can be found on the Employee Portal at:

<https://www.maranaaz.gov/policies-and-directives>

HR USE ONLY

Appropriate Documentation/Certification on File: YES NO

Notification of Leave: Department Employee Payroll

Leave: Approved Denied