



FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

9/1/2020 – 12/31/2020

THIS FORM SHOULD ONLY BE FILLED OUT IF YOU ARE UNABLE TO WORK DUE TO CORONAVIRUS (COVID 19)

As you are aware, under your collective bargaining agreement (or contract for non-affiliated employees), you are guaranteed sick days. With the passage of the Families First Coronavirus Response Act (FFCRA) if an employee (or a family member or person you are caring for) contracts the Coronavirus (COVID-19) the employee can, before using contractual sick days, elect to use “FFCRA days.” The FFCRA Emergency Paid Sick Leave pays up to 80 hours at 100% of the employee's regular sick leave pay, with a daily maximum of \$511/day and \$5,110 total for reasons 1, 2, or 3 below. In the event you require leave under reasons 4, 5, or 6 you are entitled to 2/3 of your pay up to a daily maximum of \$200/day and a total maximum of ten (10) days.

PLEASE NOTE: Total FMLA time off remains at 12 weeks.

https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf

REASON FOR THE EMERGENCY PAID SICK LEAVE:

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 reasons.
- 6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services

INSTRUCTIONS TO REQUEST EMERGENCY PAID SICK LEAVE UNDER (FFCRA):

- You must complete the leave of absence form below.
- Read the entire form.
- Complete and return this form with your supervisor's signature and submit to superintendent.
 - Email to: dshanley@sbpsnj.org
- Send requested documentation in with the form, if possible.
- You will receive an email back once your leave request has been approved or denied.
 - Human Resources may need to ask for additional information to determine FFCRA eligibility
- Notify Human Resources **prior** to your return to work, as medical clearance may be requested.

ADDITIONAL INFORMATION:

1. You are expected to still report your hours on ESS as directed by your supervisor, and indicate “FFCRA time” on the days absent. Failure to submit a timesheet during your absence may result in delayed pay.
2. If your COVID-19 related absence extends longer than the “estimated end date” designated on this form, please email Danielle Shanley dshanley@sbpsnj.org to provide a revised end date.
3. If you expect to be out longer than 4 weeks due to a medical reason, i.e, not due to loss of child care provider or school closure, you must complete the FMLA Leave Application form available on the benefits website and provide the required documentation under FMLA.
4. Deadline for required FMLA form is **15 days** from the date Human Resources receives signed leave of absence request form.