



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;
- 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 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"><li><b>1.</b> is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li><b>2.</b> has been advised by a health care provider to self-quarantine related to COVID-19;</li><li><b>3.</b> is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li><b>4.</b> is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li><b>5.</b> 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; or</li><li><b>6.</b> is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
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Employees requesting paid or unpaid leave for reasons related to COVID-19 must complete the Families First Coronavirus Response Act Leave Request and return to:  
**[hrmedleave@mendocinocounty.org](mailto:hrmedleave@mendocinocounty.org)**

**County of Mendocino**  
**Families First Coronavirus Response Act Leave Request**  
**\*This request is for employees who are unable to work or telework**

Employee: \_\_\_\_\_ Employee #: \_\_\_\_\_ Contact info: \_\_\_\_\_

**I hereby request Emergency Paid Sick Leave for the following reason: (check one and please provide documentation to support your leave request)**

- ☐ 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 a Federal, State or local quarantine or isolation order related to COVID-19
- ☐ 5. The employee is caring for a son/daughter of the employee and the school or place of care of the son/daughter has been closed or the childcare provider is unavailable
- ☐ 6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services: fever, cough, shortness of breath, trouble breathing, persistent pain or pressure in the chest

**If reason #5 applies, you may also be eligible for the Emergency FMLA expansion. If eligible, you will receive 2/3 of your regular base pay after 10 working days.**

**I hereby request Emergency FMLA leave:** Yes ☐ No ☐

**Description of Request:** If applying to care for dependents, please include their name, relationship and date of birth. Proof may be required.

**First date Emergency Paid Sick Leave is requested (April 1, 2020 or later):**

- ☐ A block of time beginning \_\_\_\_\_ through \_\_\_\_\_

**First date Emergency FMLA requested (April 1, 2020 or later):**

- ☐ Continuous block of time  
☐ Intermittent use (must be approved by supervisor/department)

**Check here to use your accruals to supplement 2/3 EFMLA paid leave:**

- ☐ Yes, I would like to supplement with my accruals while receiving 2/3 of paid leave. This will allow me to receive a full paycheck. Apply accruals in the following order: (1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)\_\_\_\_\_
- ☐ No, I do not want to supplement with my accruals while receiving 2/3 of paid leave. I acknowledge I will not receive a full paycheck if I choose not to supplement.

**Employee Signature:**

**Date:**

\*\*\* For Human Resources use ONLY \*\*\*:

- ☐ Approved  
☐ Denied

FMLA expansion: ☐ Eligible # Hours eligible for: \_\_\_\_\_ ☐ Not Eligible

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_