

Leave Administration Form | Family First Leave Form



Department of Human Resources Leaves Administration Team

The Families First Coronavirus Response Act (FFCRA) is in effect from **April 1, 2020, through December 31, 2020**. This law provides additional sick leave (Emergency Paid Sick Leave Act - EPSLA) and expanded family and medical leave (Emergency Family Medical Leave Expansion Act – EFMLEA). Employees should submit this completed request form to their agency human resource professional.

Employee Name _____ Phone _____ Email _____
 Home Address _____ City _____ State _____ Zip _____
 Employee ID# _____ Supervisor Name _____ Work location _____

Indicate the days/dates leave will be taken: _____

COVID-19 Related Reasons for Leave (check all that apply):

Emergency Paid Sick Leave Act: Provides up to 80 hours of paid sick leave for one of the below reasons. This leave is in addition to any accrued sick leave or benefit time. King County will be more generous than required under federal law and will pay full-time employees up to 80 hours of EPSLA in the same way that employees are paid when they use their sick leave. Part-time employees are eligible for a prorated amount based on their average hours worked over a two-week period. Employees may use EPSLA intermittently, if approved by their department, if they are either telecommuting, or if they need time off to care for a child.

Emergency Family Medical Leave Expansion Act: Provides up to 12 weeks of emergency family and medical leave if they have worked for an employer for at least 30 calendar days, and are unable to work or telework because their minor child’s school or daycare is closed due to a public health emergency. The first 2 weeks of EFMLEA are unpaid; however, employees may use accrued leave or benefit time, or EPSLA. The remaining 10 weeks are paid at two-thirds of the employee’s regular rate of pay, up to a maximum of \$200/day. Where an employee has already taken FMLA leave in the current twelve-month rolling calendar leave year, the maximum twelve weeks of EFMLEA leave is reduced by the amount of the FMLA leave taken in that year.

King County Family Medical Leave: An additional six weeks of unpaid KCFML may be available for the same qualifying reasons under EFMLEA as long as the employee is otherwise qualified (1,040 hours worked and been employed with King County at least 12 total months). Employees may choose to use their own available paid time off during this six week period and KCFML used under COVID-19 will run concurrently with EFMLEA.

Paid Administrative Leave – COVID: A maximum of up to 80 hours of paid administrative leave (prorated for less than 40 hour schedules) may be awarded for certain COVID related reasons. Complete the *Paid Administrative Leave – COVID* form to apply.

Emergency Paid Sick Leave Act (EPSLA)	<p>Not Applicable: Employee is subject to a federal, state, or local quarantine or isolation order. The Governor’s Stay Home, Stay Healthy order qualifies as a quarantine. However, because the Governor’s order allows King County employees to perform work/telework, no King County employee qualifies for leave for this reason.</p> <p>Required Documentation: Not applicable</p>
	<p><input type="checkbox"/> Employee is advised by a health care provider to self-quarantine. Required Documentation: I certify I am unable to work/telework for this qualifying reason: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of healthcare provider making recommendation: _____</p>
	<p><input type="checkbox"/> Employee is experiencing symptoms and is seeking a medical diagnosis. Required Documentation: I certify I am unable to work/telework for this qualifying reason: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><input type="checkbox"/> Employee is caring for an “individual” (see definition section) who is self-isolating subject to a local quarantine or isolation order, or who has been advised to self-quarantine by a health care provider. Required Documentation: I certify I am unable to work/telework for this qualifying reason: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of government entity issuing order <u>or</u> Name of health care provider who advised individual to self-quarantine: _____</p>
	<p><input type="checkbox"/> Employee is caring for their child due to closure of the child’s school or place of care, or unavailability of the child’s childcare provider. This leave runs concurrently with available FMLA/KCFML entitlements. Required Documentation: I certify I am unable to work/telework for this qualifying reason: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of child being cared for: _____ Name of school, place of care, or childcare provider that has closed or become unavailable due to COVID-19 reasons: _____ I certify no other suitable person is available to care for the child during the period for which I am taking this leave: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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	<input type="checkbox"/> 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. Please describe: _____ Required Documentation: _____ I certify I am unable to work/telework for this qualifying reason: <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Family Medical Leave Expansion Act (EFMLEA)	<input type="checkbox"/> School closure <input type="checkbox"/> Child Care closure I certify I am unable to work/telework for this qualifying reason: <input type="checkbox"/> Yes <input type="checkbox"/> No Required Documentation: Name of child being cared for: _____ Name of school, place of care or childcare provider that has closed or become unavailable: _____ I certify no other suitable person is available to care for the child during the period for which I am taking this leave: <input type="checkbox"/> Yes <input type="checkbox"/> No

Employee acknowledgement of request – read carefully

The information I have provided is true, correct and complete. I understand that if I have falsified any information related to my leave request, it may lead to disciplinary action up to and including discharge from employment. I understand that I am required to follow the usual and customary procedure for calling in. I will notify my supervisor and/or department human resources contact or designee if and when there are changes to the circumstances of my leave. I understand that my supervisor or department human resources contact or designee may contact me to verify my status and obtain updates as to my estimated date of return to work. I understand that if I do not provide required documentation that I may be required to pay back funds received under these provisions. I also understand that if I elect to receive 2/3rds of my pay for EFMLEA (instead of using my paid accruals) that no retirement credits will be reported to DRS for this time.

Employee signature _____ **Date** _____

Employer Response

Leave Eligibility	
<input type="checkbox"/> Eligible for EPSLA and this leave has been approved	You will receive _____ hours of EPSLA (maximum 80 hours)
<input type="checkbox"/> Eligible for EFMLEA and this leave has been approved	_____ hours of FMLA entitlement used in the prior 12 months _____ hours of FMLA entitlement available as of EFMLEA start date
<input type="checkbox"/> Eligible for KCFML and this leave has been approved <input type="checkbox"/> Does not meet KCFML eligibility	_____ hours of KCFML entitlement used in the prior 12 months _____ hours of KCFML entitlement available as of EFMLEA start date
<input type="checkbox"/> Not eligible (please select one reason)	
<input type="checkbox"/> Employee has not been employed for 30 calendar days prior to start of EFMLEA <input type="checkbox"/> Employee has exhausted all FMLA entitlement prior to the start of EFMLEA <input type="checkbox"/> Insufficient documentation provided	
<input type="checkbox"/> Employee has been approved for Paid Administrative Leave - COVID (See separate <i>Paid Administrative Leave - COVID</i> form)	

Employer authorization (Agency Human Resource Professional)

I am authorized to approve leaves of absence for my agency and will provide copies of this completed form to the employee. I will also provide appropriate information to the supervisor and the agency timekeeper.

Signature: _____ Printed name: _____ Date: _____

- Employee copy
 Department medical copy
 Department payroll copy

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Important Information

- Where leave is foreseeable, an employee should provide notice of leave to the employer as is practicable. After the first workday of paid sick time, an employer may require employees to follow reasonable notice procedures in order to continue receiving paid sick time.
- As an expansion of FMLA, use of EFMLEA will reduce overall FMLA/KCFML entitlements available for later use.
- Use of paid administrative leave awarded for COVID reasons (see Paid Administrative Leave – COVID form) that are being used during EFMLEA will reduce overall FMLA/KCFML entitlements available for later use.
- Employees do not receive DRS retirement credits when receiving partial payments under EFMLEA, but will continue to receive regular DRS credits when choosing to use available paid accruals.

Definitions:

Child: is defined the same as under the FMLA; *i.e.*, a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is either under 18 years of age or is 18 years of age or older and “incapable of self-care because of a mental or physical disability” at the time leave is to commence.

Eligible Employees: All employees of covered employers are eligible for two weeks of paid sick time for specified reasons related to COVID-19. Employees employed for at least 30 days are eligible for up to an additional 10 weeks of paid family leave to care for a child under certain circumstances related to COVID-19.

Individual: Are caring for an individual who is self-isolating for one of the reasons described above (first two reasons under EPSLA). A qualifying “individual” is an employee’s immediate family member, a person who lives in the employee’s home, or a person with whom the employee has a relationship with that creates an expectation that the employee would care for that person while quarantined.

Place of Care: Means a physical location in which care is provided for the Employee’s child while the Employee works for the Employer. The physical location does not have to be solely dedicated to such care. Examples include day care facilities, preschools, before and after school care programs, schools, homes, summer camps, summer enrichment programs, and respite care programs.

Intermittent Leave: Intermittent leave is permissible under certain circumstances. See the detailed table below.

Permissible Intermittent Leave			
FFCRA Leave Type	Employee is teleworking	Employee is not or cannot telework (must be in full-day increments)	
EPSLA You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19 You have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 You are experiencing symptoms of COVID-19 and seeking a medical diagnosis You are caring for an individual who either is subject to a quarantine or isolation order related to COVID-19 or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 To care for your child whose school or place of care is closed, or whose child care provider is unavailable, because of COVID-19 related reasons	With mutual agreement between employee and employer	No. EPSLA must be taken continuously until EPSLA is exhausted or a qualifying reason for the leave no longer exists.	
			With mutual agreement between employee and employer
			With mutual agreement between employee and employer
			With mutual agreement between employee and employer
		EFMLEA	With mutual agreement between employee and employer