

## Families First Coronavirus Response Act (FFCRA) Leave Request Packet

### Important Notes:

- Prior to completing these forms, please review the Families First Coronavirus Response Act – SCDJJ Guidelines (<https://djj.sc.gov/agency/covid-19-updates-resources>).
- Prior to requesting leave under the FFCRA, your supervisor must confirm that there is no work-at-home option available for you, if applicable.
- Leave taken under the FFCRA must be taken between April 1 – December 31, 2020.
- Your SCEIS number can be found on your paystub and on the “My Profile” tile in SCEIS Central.
- Only submit these forms through agency-approved communications or delivery channels such as secure work email, fax or mail. If you have any questions about how to utilize the agency’s secure delivery channels, please contact the Office of Human Resources or the IT Department.
- These forms should only be used to request leave offered through the FFCRA.

**Instructions:** This packet provides instructions on submitting requests to take leave under the “Families First Coronavirus Response Act” which contains the following paid leave types related to the 2019 novel coronavirus (COVID-19):

**Emergency Paid Sick Leave Act:** Provides up to 80 hours of paid sick leave for employees for six qualifying reasons related to COVID-19.

- Reason One: The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID-19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Two: The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Three: The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Four: The employee is caring for an individual who is subject to an order as described in subparagraph 1 or who has been advised as described in reason 2. (Leave provided at two-thirds the employees’ regular rate of pay up to \$200.00 per day.)
- Reason Five: The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions. (Leave provided at two-thirds the employees’ regular rate of pay up to \$200.00 per day.)
- Reason Six: 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. (Leave provided at two-thirds the employees’ regular rate of pay up to \$200.00 per day.)

If you are requesting leave related to the Emergency Paid Sick Leave Act, please complete **Form A**. Leave may be taken in increments. Intermittent leave may only be taken if you are taking Emergency Paid Sick Leave for reason number five listed above and you are physically reporting to the worksite. If you are working from home, intermittent leave can be used for any allowable reason.

**Emergency Family and Medical Leave Expansion Act (EFMLA):** Expands the federal Family and Medical Leave Act to provide leave for employees who are unable to work, including work-from-home, as a result of having to care for a minor child due to a COVID-19 related closure of a school or child care center. If you are requesting leave related to the Emergency Family and Medical Leave Expansion Act (EFMLA), please complete **Form B**.

EPSL may be taken concurrently with EFMLA. If you are requesting both types of leave for the same time period, please complete **Form A** and **Form B**. If the type of leave taken replaces only a portion of your salary, you may elect to use other types of leave (i.e. sick leave, compensatory leave and annual leave) to replace the portion of your salary not covered by the EPSL or EFMLA leave. If you would like to use supplemental leave for this reason, please complete **Form C**.

**Form A: Emergency Paid Sick Leave Request Form**  
**Page One of Three**

Name: \_\_\_\_\_

SCEIS/Employee Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Enter the dates of Emergency Paid Sick Leave requested and the number of hours requested for each day in the table below.*

*You may submit a single request for multiple dates so long as the entire period of leave is for the same reason as indicated on the following page.*

*For example, if you are requesting leave for an entire workweek, enter the dates of leave in the left column and hours in the right column as shown below.*

Date(s) of Requested Leave	Leave Hours Requested
<b>Example: April 6-April 11, 2020</b>	37.5 or 40

*If you are requesting leave for a partial day, enter the date(s) in the left column and the number of hours taken in the right column as shown below.*

Date(s) of Requested Leave	Leave Hours Requested
<b>Example: April 14, 2020</b>	4

**Enter Leave Request Here:**

Date(s) of Requested Leave	Leave Hours Requested

**Note:** Emergency Paid Sick Leave can be used during the first 10 days of EFMLA to provide payment during the initial 10 days of EFMLA which is not paid.

On the next page, indicate the reason Emergency Paid Sick Leave is being requested and attach the indicated documentation as appropriate.

**Form A: Emergency Paid Sick Leave Request Form**  
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In order to request Emergency Paid Sick Leave you must be unable to work or telework because of a COVID-19 qualifying reason. Please check “yes” below to confirm that you are unable to work or telework because of a COVID-19 qualifying reason.

- Yes
- No

Please explain why you are unable to work or telework:

In addition, you must indicate for which of the allowable reasons listed below Leave is Being Taken (check one):

- Reason One:** The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID–19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Two:** The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Three:** The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Four:** The employee is caring for an individual who is subject to an order as described in subparagraph 1 or has been advised as described in reason 2. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)
- Reason Five:** The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID–19 precautions. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)
- Reason Six:** 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. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)

**Required Documentation:** Documentation supporting the need and reason for leave should be attached to this form. Descriptions of the documentation that must be provided are on the following page.

**Form A: Emergency Paid Sick Leave Request Form**  
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Reason for Leave	Suggested Documentation
Reason One: The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID-19.	The name of the government entity that issued the quarantine or isolation order to which the employee is subject, confirmation from the employee’s supervisor that the employee is not required to physically report to work, that all work-at-home options have been explored and there is no option for the employee to work from home. <i>(Note – if leave is being taken subject to an order of the South Carolina Governor, you need not provide the name of the government entity which issued the order.)</i>
Reason Two: The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.	Official documentation from health care provider who advised the employee to self-quarantine for COVID-19 related reasons.
Reason Three: The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.	Confirmation of a doctor’s appointment or a written statement from the employee confirming he or she is experiencing applicable symptoms and describing the affirmative steps the employee has taken to obtain a medical diagnosis. A statement that no suitable arrangements can be made for the employee to work from home.
Reason Four: The employee is caring for an individual who is subject to an order as described in reason 1 or has been advised as described in reason 2.	(1) The government entity that issued the quarantine or isolation order to which the employee is subject or (2) Official documentation from health care provider who advised the individual to self-quarantine, depending on the precise reason for the request. A statement that no suitable arrangements can be made for the employee to work from home.
Reason Five: The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.	(1) The name and date of birth of the child being cared for; (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and (3) a statement representing that no other suitable person is available to care for the child during the period of requested leave and that no suitable arrangements can be made for the employee to work from home.
Reason Six: 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.	If leave is being taken for this reason, please contact your human resources department.

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(By signing you acknowledge that all information provided is complete and accurate)***

Supervisor Comments: \_\_\_\_\_

\_\_\_\_\_  
Time & Leave Administrator/Date

\_\_\_\_\_  
Approve or Disapprove

\_\_\_\_\_  
Associate Deputy, OHR/Date

**Form B: Emergency Family and Medical Leave Expansion Act Leave – Request Form**

*This form should only be used for leave requested under the EFMLA. Leave taken under other provisions of the FMLA should be requested in accordance with the FMLA procedure.*

Name: \_\_\_\_\_

SCEIS/Employee Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Enter the dates of Emergency Family and Medical Leave Expansion Act requested and the number of hours requested for each day in the table below. For whole days of leave, enter hours in the right column.*

*You may submit a single request for multiple dates.*

*For example, if you are requesting leave for an entire workweek, enter the dates of leave in the left column and hours in the right column as shown below.*

Date(s) of Requested Leave	Leave Hours Requested
<b>Example: April 6-April 11, 2020</b>	37.5 or 40

*If you are requesting leave for a partial day, enter the date(s) in the left column and the number of hours taken in the right column as shown below.*

Date(s) of Requested Leave	Leave Hours Requested
<b>Example: April 14, 2020</b>	4

**Enter Leave Request Here:**

Date(s) of Requested Leave	Leave Hours Requested

**Required Documentation:** (1) The name and date of birth of the child being cared for; (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and (3) a statement representing that no other suitable person is available to care for the child during the period of requested leave and that no suitable arrangements can be made for the employee to work from home.

**Note:** Emergency Paid Sick Leave can be used during the first 10 days of EFMLA to provide payment during the initial 10 days of EFMLA which is not paid.

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(By signing you acknowledge that all information provided is complete and accurate)**

Supervisor Comments: \_\_\_\_\_

\_\_\_\_\_  
Time & Leave Administrator/Date

\_\_\_\_\_  
Approve or Disapprove

\_\_\_\_\_  
Associate Deputy, OHR/Date

**Form C: Supplemental Leave – Request Form**

Name: \_\_\_\_\_

SCEIS/Employee Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The pay provided under the EPSL and EFMLA may be less than your normal rate of pay. This is because of limitations on the pay rate which will be paid under these leave types or because of daily or aggregate limits which may apply. In this situation, you may use available accrued leave (i.e. sick leave, annual leave and compensatory time) to augment leave taken pursuant to the EPSL and EFMLA to increase the pay received up to your regular salary rate. Only accrued leave that you have available as of the date of the EPSL or EFMLA leave may be taken. You may check your leave balances by through SCEIS Central.

Would you like to use accrued leave to augment leave taken pursuant to the EPSL or the EFMLA to increase your paid leave up to your regular salary rate?

- Yes
- No

If you answered yes to the question above, you must indicate which leave types will be used.

It is recommended that leave be applied in the following order in the amount necessary to bring the employee’s pay up to their regular rate of pay until that leave type is exhausted, and then move on to the next leave type.

1. Sick Leave (including advanced sick leave)
2. Compensatory Time (including holiday compensatory time)
3. Annual Leave

Would you like your leave applied in this way?

- Yes
- No

If you answered no to the question above, you must indicate the amount and type of leave you would like to take. You may not take leave beyond the amount which results in your regular rate of pay.

Amount of Leave	Type of Leave

For assistance in calculating this amount, please contact the Time and Leave Administrator, Office of Human Resources.