

# University of Illinois

## Families First Coronavirus Response Act (FFCRA) Leave Form

### EMPLOYEE RIGHTS AND RESPONSIBILITIES

Under the Families First Coronavirus Response Act of 2020, employees may be eligible for emergency paid sick leave or expanded family and medical leave from April 1, 2020 through December 31, 2020 if they are unable to work or telework because of COVID-19 related reasons and meet the qualifying criteria.

Paid sick time provided under this Act does not carryover from one year to the next. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment.

The University of Illinois System's FFCRA guidelines may be accessed here:

[https://www.hr.uillinois.edu/leave/coronavirus\\_response\\_act](https://www.hr.uillinois.edu/leave/coronavirus_response_act)

### Emergency Paid Sick Leave

#### *Eligibility*

Employees are eligible from the first day of employment for Emergency Paid Sick Leave if they are unable to work or telework for one of the six qualifying reasons.

Emergency Paid Sick Leave at regular rate of pay:

1. Employee is subject to a Federal, State, or local quarantine or isolation order;
2. Employee had been advised by a health care provider to self-quarantine;
3. Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;

Emergency Paid Sick Leave at 2/3 of regular rate of pay:

4. Employee is caring for an individual who is subject to an order described in (1) or (2) above;
5. Employee is caring for a child of such employee if school or day care has been closed, or child care provider is unavailable;
6. 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.

#### *Amount of leave*

- Full-time employees are eligible for up to two weeks of leave time, based on their regular schedule over a 2-week period, up to a maximum of 80 hours.
- Part-time employees are eligible for a number of hours equal to the number of hours the employee works, on average, over a 2-week period.
- Intermittent leave: Emergency Paid Sick Leave may only be taken intermittently if you are either a) teleworking, or b) working at your usual worksite and requesting leave to care for your own child whose school or place of care is closed, or whose child care provider is unavailable because of COVID-19 related reasons. If working at your usual worksite, leave must be taken in full day increment unless requesting leave to care for your own child whose school or place of care is closed, or whose child care provider is unavailable because of COVID-19 related reasons.

#### *Calculating leave pay*

- Emergency Paid Sick Leave used for reasons 1-3 above will be paid at the employee's regular rate of pay under the FLSA.

- Emergency Paid Sick Leave used for reasons 4-6 above will be paid at 2/3 the amount of the employee's regular pay.

#### *Notice of leave request*

- Employees are required to follow departmental/university sick leave notice procedures for their intent to use Emergency Paid Sick Leave.
- Employees should complete the **Employee Certification** and the **To Be Completed By Employee** portion of the FFCRA Leave Form and submit it to their applicable HR office (college/unit HR office, System HR for System Office employees, or Hospital Leave Coordinator for UI Hospital and Clinics).

### **Expanded Family and Medical Leave**

#### *Eligibility*

Employees are eligible for expanded family and medical leave after 30 days of employment if they are unable to work or telework because their own child's school or daycare has been closed, or the care provider is unavailable, due to COVID-19.

#### *Amount of leave*

- Employees are eligible for 12 weeks of leave; the first 10 days are unpaid, with remaining 10 weeks paid at 2/3 regular rate of pay.
- Employees may substitute paid leave for the first 10 days at their option, including but not limited to Emergency Paid Sick Leave.
- Expanded FML time is shared with FML under the University's existing FML policy. Both types of FML together may not exceed 12 weeks in a given leave year (the consecutive 12-month period beginning when the employee first takes FML leave).
- Employees are not entitled to more than 12 total weeks of Expanded FML, even if the time spans two leave years.
- Expanded FML is not available when an employee has exhausted FML leave for the current leave year.
- Variable hour employees' leave will be calculated using the average number of hours worked per day over the prior 6 months. If the employee has not worked for 6 months, leave will be calculated using a reasonable expectation of the average number of hours per day at the time of hiring.
- Intermittent leave: Expanded Family and Medical Leave may be taken intermittently.

#### *Calculating leave pay*

- The first 10 days of leave are unpaid, **OR**
- Employees may substitute accrued paid leave, including but not limited to Emergency Paid Sick Leave, for the first 10 days, at their option.
- The remaining 10 weeks will be paid at 2/3 the employee's regular rate of pay as defined by the FLSA and the number of hours the employee would otherwise normally be scheduled to work.

#### *Notice of leave request*

- When leave is not foreseeable, requests should be made as soon as practicable and in advance of the leave if possible. If the need for leave is foreseeable, requests should be made five (5) business days in advance of the need for leave or within two (2) business days after learning of the need for leave. Employees should complete the **Employee Certification** and the **To Be Completed By Employee** portion of the FFCRA Leave Form and submit it to their applicable HR office (college/unit HR office, System HR for System Office employees, or Hospital Leave Coordinator for UI Hospital and Clinics).

**LEAVE REQUEST FORM**

**TO BE COMPLETED BY EMPLOYEE**

Employee Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Dept./Unit: \_\_\_\_\_

Office E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**REASON FOR LEAVE**

**Emergency Paid Sick Leave (2 weeks, up to 80 hours):**

**Because of COVID-19, I am unable to work or telework because I (mark only one):**

\_\_\_\_\_ 1. Am subject to a Federal, State, or local quarantine or isolation order. (Paid at regular rate of pay.)

\_\_\_\_\_ 2. Have been advised by a health care provider to self-quarantine. (Paid at regular rate of pay.)

\_\_\_\_\_ 3. Am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Paid at regular rate of pay.)

\_\_\_\_\_ 4. Am caring for an individual who is subject to an order described in (1) or (2) above. (Paid at 2/3 of regular rate of pay.)

\_\_\_\_\_ 5. Am caring for my child under 18 years of age whose school or place of care is closed, or whose child care provider is unavailable. (Paid at 2/3 of regular rate of pay.)

\_\_\_\_\_ 6. Am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. (Paid at 2/3 of regular rate of pay.)

I \_\_\_\_\_ have or \_\_\_\_\_ have not received Emergency Paid Sick Leave previously (whether through the University or a prior employer).

**Expanded Family and Medical Leave (12 Weeks of Leave – 2 weeks unpaid, 10 weeks paid):**

\_\_\_\_\_ Because of COVID-19, I am unable to work or telework because I am caring for my child under 18 years of age whose school or place of care is closed, or whose child care provider is unavailable. (Paid at 2/3 of regular rate of pay.)

**REQUEST TO USE BENEFITS**

\_\_\_\_\_ Emergency Paid Sick Leave (10 days), as paid according to qualifying reason for leave at either regular rate of pay or 2/3 of regular rate of pay.

\_\_\_\_\_ Expanded Family and Medical Leave (12 weeks), with 2 weeks unpaid and 10 weeks paid at 2/3 of regular rate of pay. I understand that the first two weeks of Expanded Family and Medical Leave is unpaid unless I choose to use paid leave. I choose the following option during the unpaid period:

\_\_\_\_\_ 10 days unpaid leave **OR**

\_\_\_\_\_ 10 days paid Emergency Paid Sick Leave, as paid according to qualifying reason for leave at either regular rate of pay or 2/3 of regular rate of pay. **OR**

\_\_\_\_\_ 10 days accrued vacation leave

\_\_\_\_\_ Floating Holidays

**DATES FOR WHICH LEAVE IS REQUESTED**

**LEAVE WILL BE TAKEN AS (check all that apply):**

\_\_\_\_\_ a block of time from \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

\_\_\_\_\_ intermittently (e.g., separate blocks of time or any part of a single day due to a single qualifying reason) (please describe on separate sheet and attach to application)

Start date of intermittent leave \_\_\_\_\_

**NOTE:** Emergency Paid sick leave may only be taken intermittently if you are either 1) teleworking, or 2) working at your usual worksite and requesting leave to care for your own child whose school or place of care is closed, or whose child care provider is unavailable because of COVID-19 related reasons. If working at your usual worksite, leave must be taken in full day increment unless requesting leave to care for your own child whose school or place of care is closed, or whose child care provider is unavailable because of COVID-19 related reasons. Expanded family and medical leave may be taken intermittently.

I have read the "Employee Rights and Responsibilities" attached and understand all my rights and obligations under this policy. I also understand that any leave taken as designated Expanded FMLA leave (paid and/or unpaid) counts toward my FMLA leave entitlement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**EMPLOYEE CERTIFICATION FOR LEAVE REQUESTED UNDER THE FAMILIES FIRST  
CORONAVIRUS RESPONSE ACT**

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

I request leave from \_\_\_\_\_ to \_\_\_\_\_ for the reason indicated below.  
Expected Start Date Expected End Date

**I am unable to work (including telework) because of the following reason:**

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\_\_\_\_\_ I am subject to a federal, state, or local quarantine or isolation order for Coronavirus.

Name of the governmental entity ordering quarantine or isolation: \_\_\_\_\_

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\_\_\_\_\_ I am advised by a health care provider to self-quarantine due to Coronavirus concerns.

Name of the health care provider advising to self-quarantine: \_\_\_\_\_

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\_\_\_\_\_ I am experiencing symptoms of Coronavirus and seeking a medical diagnosis.

I understand that the symptoms are shortness of breath, fever, dry cough, and other symptoms identified by the CDC. See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

**I understand that leave is provided only for my affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment for a test for COVID-19. I also understand that before returning to work, I will need to provide a physician's note or I will provide an attestation that I have met CDC return-to-work requirements.**

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\_\_\_\_\_ I am caring for an individual who is under a quarantine or isolation order or has been advised by a health care provider to self-quarantine due to Coronavirus concerns.

Please specify the individual, his/her relation to you, and his/her address:

\_\_\_\_\_  
\_\_\_\_\_

Name of the governmental entity ordering quarantine or isolation: \_\_\_\_\_

Name of the health care provider advising to self-quarantine: \_\_\_\_\_

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\_\_\_\_\_ My minor child's\* school or child care facility has closed due to COVID-19.

or  
\_\_\_\_\_ My minor child's\* child care provider is unable to provide services due to COVID-19.

For each child, please provide the following information (attach additional pages if necessary):

_____ Name of Child	_____ Age	_____ Name of School or Child Care Facility/Provider
_____ Name of Child	_____ Age	_____ Name of School or Child Care Facility/Provider
_____ Name of Child	_____ Age	_____ Name of School or Child Care Facility/Provider
_____ Name of Child	_____ Age	_____ Name of School or Child Care Facility/Provider

If leave is requested for a child over the age of 14 during daytime hours, the following special circumstances exist, which require me to provide care: \_\_\_\_\_  
\_\_\_\_\_

Another suitable person will be caring for my child(ren) during the time for which I am requesting leave:  
\_\_\_\_\_ Yes                  \_\_\_\_\_ No

\* "Child" includes children under 18 years of age and children age 18 or older who are incapable of self-care because of a mental or physical disability.

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**I certify and affirm that am unable to work (including telework) because of the above indicated reason and that the information provided in this certification form is true and correct.**

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

\_\_\_\_\_  
Employee Signature

**TO BE COMPLETED BY COLLEGE/UNIT HR OFFICE , SYSTEM HR (FOR SYSTEM OFFICE EMPLOYEES), OR HOSPITAL LEAVE COORDINATOR (FOR UI HOSPITAL AND CLINICS)**

1. Has employment commenced? Yes No

(If no, the employee is not eligible for Emergency Sick Leave.)

2. Has the employee been employed for at least 30 days? Yes No

(If no, the employee is not eligible for Expanded FMLA.)

3. If requesting Emergency Sick Leave, is the reason for the leave because of one of the 6 reasons for qualifying leave? Yes No

4. If requesting Expanded FMLA leave, is the reason for the leave because employee is caring for their child(ren), or standing *in loco parentis* of child(ren), under 18 years of age, or age 18 or older who are incapable of self-care because of a mental or physical disability, whose school or place of care is closed, or whose child care provider is unavailable?

Yes No

5. Does the employee's documentation support the request for leave? Yes No

If no, please describe:

6. The employee has \_\_\_\_\_ number of weeks/hours of FMLA leave entitlement remaining at the time of this leave request.

FMLA hours remaining after the employee takes Emergency FMLA leave will be shared with other active FMLA events.

**Based on the answers above, is the employee eligible for requested leave? Yes No**

If no, state reason.

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The unit acknowledges that benefits will be applied as shown below:

\_\_\_\_\_ vacation leave hrs \_\_\_\_\_ emergency sick hrs \_\_\_\_\_ expanded FMLA hrs \_\_\_\_\_ unpaid hrs

\_\_\_\_\_ vacation leave days \_\_\_\_\_ emergency full sick days \_\_\_\_\_ expanded FMLA days \_\_\_\_\_ unpaid days

\_\_\_\_\_ floating holidays \_\_\_\_\_ emergency sick partial days

\_\_\_\_\_ other: \_\_\_\_\_

**Please sign below to indicate your review of this Emergency Sick Leave/Expanded FMLA request.**

\_\_\_\_\_  
Authorized Signature (Department, Unit, System HR, UI Hospital Leave Coordinator)

\_\_\_\_\_  
Date

*If the unit believes that the employee is not eligible for Emergency Sick Leave or Expanded FMLA, please consult your central/campus Human Resources office before denying the leave. You may also contact HR if you have additional questions.*

The unit is responsible for tracking Expanded FMLA usage on an FMLA Usage Form available at [http://nessie.uihr.uillinois.edu/pdf/leave/FMLA-VESSA\\_Usage\\_rpt.xls](http://nessie.uihr.uillinois.edu/pdf/leave/FMLA-VESSA_Usage_rpt.xls)