

University of Illinois
Families First Coronavirus Response Act (FFCRA) Leave Form
(For leaves taken between April 1, 2021 and September 30, 2021)

EMPLOYEE RIGHTS AND RESPONSIBILITIES

Under the Families First Coronavirus Response Act of 2020, as amended by the American Rescue Plan Act (ARPA) of 2021, employees may be eligible for emergency paid sick leave or emergency family and medical leave from April 1, 2021 through September 30, 2021 if they are unable to work or telework because of COVID-19 related reasons and meet the qualifying criteria.

Paid time provided under ARPA does not carryover from previous allocations. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment.

The University's FFCRA policy may be accessed here: 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 nine qualifying reasons. **Employees who exhausted their FFCRA leave prior to March 31, 2021 can be eligible again on April 1, 2021.**

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;
4. Employee is obtaining a COVID-19 vaccination;
5. Employee is recovering from any injury, disability, illness, or condition related to the vaccination;
6. Employee is seeking or awaiting the results of a diagnostic test or medical diagnosis for COVID-19, or the employer has requested such a test or diagnosis;

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

7. Employee is caring for an individual who is subject to an order described in (1) or (2) above;
8. Employee is caring for a child of such employee if school or day care has been closed, * or child care provider is unavailable;
9. 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.

*For the purposes of this leave and return to school, the Department of Labor (DOL) considers a school or place of care closed when a child cannot attend in person due to either full-time remote learning or alternate day (or other hybrid attendance) in person/remote learning schedules. A school or place of care is not considered closed if a choice was offered between in person and remote learning, and remote learning was voluntarily chosen. To the extent a school or daycare provider is closed or a care provider is unavailable and the school or provider reopens or becomes available during an employee's leave of absence, employees are required to notify the University immediately and return to work unless otherwise unable to work due to another qualifying reason.

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 1-6 above will be paid at the employee's regular rate of pay under the FLSA.
- Emergency Paid Sick Leave used for reasons 7-9 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.
AND
- Employees should complete the **Employee Certification** and the **To Be Completed By Employee** portion of the FFCRA Leave Form and submit it to their supervisor or applicable human resources (HR) office.

Emergency Family and Medical Leave

Eligibility

Employees are eligible for emergency family and medical leave after 30 days of employment if they are unable to work or telework because of one of the nine qualifying reasons allowable for Emergency Paid Sick Leave. **Employees who exhausted this leave prior to March 31, 2021 may be eligible again on April 1, 2021, depending on when Family and Medical Leave was first taken and the employee's eligibility for FMLA leave.**

Amount of leave

- Employees are eligible for up to 12 weeks of leave paid at 2/3 regular rate of pay.
- Emergency 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 Emergency FML, even if the time spans two leave years.
- Emergency FML is not available when an employee has exhausted FML 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: Emergency Family and Medical Leave may be taken intermittently.

Calculating leave pay

- Emergency FML 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 supervisor or applicable human resources (HR) office.

FFCRA 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 obtaining a COVID-19 vaccination.. (Paid at regular rate of pay.)

_____ 5. Am recovering from any injury, disability, illness, or condition related to the vaccination.. (Paid at regular rate of pay.)

_____ 6. Am seeking or awaiting the results of a diagnostic test or medical diagnosis for COVID-19, or the University has requested such a test or diagnosis (Paid at regular rate of pay.)

_____ 7. 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.)

_____ 8. 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.)

_____ 9. 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) on or after April 1, 2021 through September 30, 2021.

Emergency Family and Medical Leave (12 Weeks of Leave paid at 2/3 of regular rate of pay):

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 2/3 regular rate of pay.)
- _____ 2. Have been advised by a health care provider to self-quarantine. (Paid at 2/3 regular rate of pay.)
- _____ 3. Am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Paid at 2/3 regular rate of pay.)
- _____ 4. Am obtaining a COVID-19 vaccination. (Paid at 2/3 regular rate of pay.)
- _____ 5. Am recovering from any injury, disability, illness, or condition related to the vaccination. (Paid at 2/3 regular rate of pay.)
- _____ 6. Am seeking or awaiting the results of a diagnostic test or medical diagnosis for COVID-19, or the University has requested such a test or diagnosis (Paid at 2/3 regular rate of pay.)
- _____ 7. 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.)
- _____ 8. 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.)
- _____ 9. 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.)

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. Emergency 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 Emergency FMLA leave (paid and/or unpaid) counts toward my FMLA leave entitlement.** To the extent the circumstances that necessitate my need for leave change, I agree to notify the University immediately.

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:

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

Name of the governmental entity ordering quarantine or isolation: _____

_____ 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: _____

_____ 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.

_____ I am obtaining a COVID-19 vaccination.

_____ I am recovering from an injury, disability, illness, or condition related to the vaccination.

_____ I am seeking or awaiting the results of a diagnostic test or medical diagnosis for COVID-19, or the University has requested such a test or diagnosis.

Name of the University department requesting test or diagnosis: _____

_____ 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: _____

_____ 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

To the extent my minor child's school, daycare facility or childcare provider reopens or becomes available during my leave of absence, I agree to notify the University immediately. _____ 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.

_____ I am accompanying an individual to obtain immunization related to COVID-19 or caring for an individual who is recovering from any injury, disability, illness, or condition related to the immunization.

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

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 Emergency FML.)

3. If requesting Emergency Sick Leave, is the reason for the leave because of one of the 9 reasons for qualifying leave? Yes No

N/A

4. If requesting Emergency FMLA leave **at 2/3 regular rate of pay**, is the reason for the leave because of one of the 9 reasons for qualifying leave?

Yes No

5. Does the employee certification 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.

Additional notes/comments:

Please sign below to indicate your review of this Emergency Sick Leave/Emergency 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 Emergency 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 Emergency FMLA usage on an FMLA Usage Form available at http://nessie.uhr.uillinois.edu/pdf/leave/FMLA-VESSA_Usage_rpt.xls