

**Richland County School District One  
Families First Coronavirus Response Act (FFCRA)  
(COVID-19)**

A. EMPLOYEE INFORMATION	
Employee Name:	Employee Number: _____ or Last 5 Digits of SSN: _____
Job Title:	Department or School Location:
Email Address:	Daytime Telephone Number:
B. LEAVE OPTIONS ( <i>check one box only</i> )	
<p><b>The employee is unable to work or telework because he or she:</b> <i>(Note: Selection of Options #1, #2, #3, #4, and #6 will require documentation from a health care provider attesting to the necessary quarantine or isolation order.)</i></p> <p><input type="checkbox"/> 1. is subject to a federal, state, or local quarantine or isolation order related to COVID-19;</p> <p><input type="checkbox"/> 2. has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;</p> <p><input type="checkbox"/> 3. is experiencing COVID-19 symptoms and seeking a medical diagnosis;</p> <p><input type="checkbox"/> 4. is caring for an individual subject to a federal, state, or local quarantine or isolation order related to COVID-19, or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;</p> <p><input type="checkbox"/> 5. is caring for his or her child whose school or place of care is closed (or child provider is unavailable) due to COVID-19 precautions; <b><i>(if checked, you must complete Section C - Childcare)</i></b>; or</p> <p><input type="checkbox"/> 6. is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.</p>	
C. CHILDCARE	
<p><input type="checkbox"/> <b>I am caring for a child* whose school or place of care is closed (or child care provider is unavailable) reasons related to COVID-19. <u>You must provide documentation from the school or place of care and/or childcare provider attesting to the necessary closure.</u></b></p> <p>Child(ren)'s Full Name(s): _____ Age(s): _____</p> <p>Name of School or Childcare Facility: _____ School or Facility's Telephone #: _____ <b>OR</b></p> <p>Name of Childcare Provider who is unavailable: _____ Childcare Provider's Daytime Telephone #: _____</p> <p><small>* A child is defined as an employee's own child, which includes his or her biological, adopted, or foster child; a stepchild; a legal ward; a child for whom the staff member stands in loco parentis—someone with day-to-day responsibilities to care for or financially support a child; or an adult son or daughter (i.e. one who is 18 years of age or older), who has a mental or physical disability and is incapable of self-care because of that disability.</small></p>	
D. REQUESTED AMOUNT OF LEAVE	
<p><input type="checkbox"/> I am requesting leave for a continuous period of time: Beginning (date): _____ Ending (date): _____</p> <p><input type="checkbox"/> I am requesting leave for a reduced or intermittent leave schedule: Beginning (date): _____ Ending (date): _____</p>	
E. EMPLOYEE CERTIFICATION AND SIGNATURE	
<p><i>I certify that the information given above is true and accurate to the best of my knowledge. I understand that leave taken as a result of the COVID-19 public health crisis for which I receive paid leave (at two-thirds the regular rate of pay) under the FFCRA will be counted against my leave entitlement under FMLA and that eligibility for expanded family and medical leave depends upon how much leave I have already taken during the 12-month period that my employer uses for FMLA leave. I understand that providing false or misleading information about my absence may result in disciplinary action. I also certify that no other person will be providing care for my child(ren) during the period for which I am receiving family medical leave.</i></p> <p>Employee Signature: _____ Date: _____</p>	
HR USE ONLY	
Received By: _____	Date: _____

Fax completed FFCRA request form to the Benefits Office at (803) 231-7428. For questions or concerns regarding FMLA, please contact Edneasha Johnson, FMLA Specialist, at (803) 231-7429. You will receive written notification regarding FFCRA eligibility and leave within five (5) business days of receipt of the form.

***How much pay will I receive?***

You are entitled to receive regular hours of emergency paid sick leave per day for up to 2 weeks (10 workdays) at your regular rate of pay for qualifying reasons (Options #1, #2, or #3) capped at \$511 per day or two-thirds (2/3) regular pay for qualifying reasons (Options #4, #5, or #6) capped at \$200 per day. If you are part-time, your regular rate of pay represents your average number of hours per day over a two (2)-week period.

***What if I need to be off work longer than up to two (2) weeks or 80 hours?***

For Option #5, you may also qualify for up to 12 weeks of job-protected leave under the Emergency Family and Medical Leave Expansion Act (EFMLA) [or unpaid leave under traditional FMLA]. If you do qualify, the Families First Coronavirus Response Act (FFCRA) paid sick leave will run concurrently with and will count toward the total twelve (12) weeks available under EFMLA [and standard FMLA]. If applicable, you will be notified of your rights and responsibilities under EFMLA and FMLA by separate correspondence. If you need additional time off that does not qualify for FMLA, you may be eligible for an extended leave of absence, which requires a written statement and approval by the Superintendent or his designee. This leave will be non-paid if you do not have an accumulation of sick days to cover your absences during the approved leave period.

***May I take 80 hours of paid sick leave for my self-quarantine and then another amount of paid sick leave for another reason provided under the Emergency Paid Sick Leave Act?***

No. You may take up to two weeks—or ten days—(80 hours for a full-time employee, and for a part-time employee, the number of hours equal to the average number of hours that the employee works over a typical two-week period) of paid sick leave for any combination of qualifying reasons. However, the total number of hours for which you receive paid sick leave is capped at 80 hours under the Emergency Paid Sick Leave Act.

***What documents do I need to give my employer to get paid sick leave or expanded family and medical leave?***

When requesting paid sick leave or expanded family and medical leave, you must provide your employer either orally or in writing the following information as soon as practicable:

- Your name;
- The date(s) for which you request leave;
- The reason for leave; and
- A statement that you are unable to work because of the above reason.

If you request leave because you are subject to a quarantine or isolation order or to care for an individual subject to such an order, you should additionally provide the name of the government entity that issued the order. If you request leave to self-quarantine based on the advice of a health care provider or to care for an individual who is self-quarantining based on such advice, you should additionally provide the name of the health care provider who gave advice.

If you request leave to care for your child whose school or place of care is closed, or child care provider is unavailable, you must also provide:

- The name of your child;
- The name of the school, place of care, or child care provider that has closed or become unavailable; and
- A statement that no other suitable person is available to care for your child.

***What happens to my insurance while I'm on leave?***

State group insurance coverage will continue under the same terms and conditions. We will continue payroll deductions to cover your employee portion of the premiums. However, if we are unable to payroll deduct your state insurance premiums, you will need to submit payment directly to the Payroll Office to continue coverage.