



## **Emergency Paid Sick Leave (EPSL) and Emergency FMLA (EFMLA)**

**The Families First Coronavirus Response Act (FFCRA) requires certain employers to provide their eligible employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.**

**Emergency Paid Sick Leave (EPSL)** is paid for up to two weeks (80 hours or a part-time employee's two-week equivalent) based on the following conditions:

- 1) Employee is subject to Federal, State, or Local quarantine or isolation order.
- 2) Employee has been advised to self-quarantine by a health care provider.
- 3) Employee is experiencing COVID-19 symptoms and seeking a medical diagnosis.
- 4) Employee is caring for an individual subject to isolation order as described in (1) or self-quarantined as described in (2).
- 5) Employee is caring for a son or daughter whose school or childcare is closed due to COVID-19 related reasons.
- 6) Employee is experiencing any other similar condition specified by the US Department of Health and Human Services.

The amount to be paid is based on the following:

- If EPSL paid due to condition 1-3 above, employee will be paid at 100%, up to \$511 daily and \$5,110 total.
- If EPSL paid due to condition 4-6 above, employee will be paid at 2/3 pay, up to \$200 daily and \$2,000 total.

### **Emergency FMLA (EFMLA)**

- EFMLA is available only if employee is unable to work in order to care for child under the age of 18 if school or child care facility that closed due to COVID-19. Employee must have been employed for at least 30 days to be eligible.
- EFMLA is paid for up to 10 weeks at 2/3 of an employee's pay, up to \$200 daily and \$10,000 total. The first 10 days of EFMLA time is unpaid but employee may use Emergency Paid Sick Leave (EPSL) for this period.

If requesting to use any of these Families First Coronavirus Response Act (FFCRA) leaves, **please complete the Families First Coronavirus Response Act (FFCRA) Employee Form. Completed form must be sent to: [HRBenefits@acps.k12.va.us](mailto:HRBenefits@acps.k12.va.us)**

# Families First Coronavirus Response Act (FFCRA)

## Employee Leave Request Form

Completed form must be sent to: [HRBenefits@acps.k12.va.us](mailto:HRBenefits@acps.k12.va.us)

Full Name:

Employee ID #:

Position:

---

Work Location:

Supervisor:

---

Date Requesting Leave:

Estimated Return Date:

---

Employee's Statement for reason(s) to request leave:

Type of Leave:  Emergency Paid Sick Leave  Emergency FMLA

Check qualifying reason(s) for requested leave:

- 1. Employee is subject to quarantine or isolation order (Federal, State, Local)
- 2. Employee is advised to self-quarantine by a health care provider. (Please provide the name or statement from a health care provider).
- 3. Employee is experiencing COVID-19 symptoms and seeking a medical diagnosis. (Please provide the name or statement from a health care provider)
- 4. Employee is caring for an individual subject to quarantine or isolation order. (Please provide the name or statement/name of a health care provider)
- 5. Employee is caring for son or daughter due to school or childcare closure. (Please provide name of child(ren), name of location of school/childcare facility)
- 6. Employee is experiencing any other similar condition specified by the government.