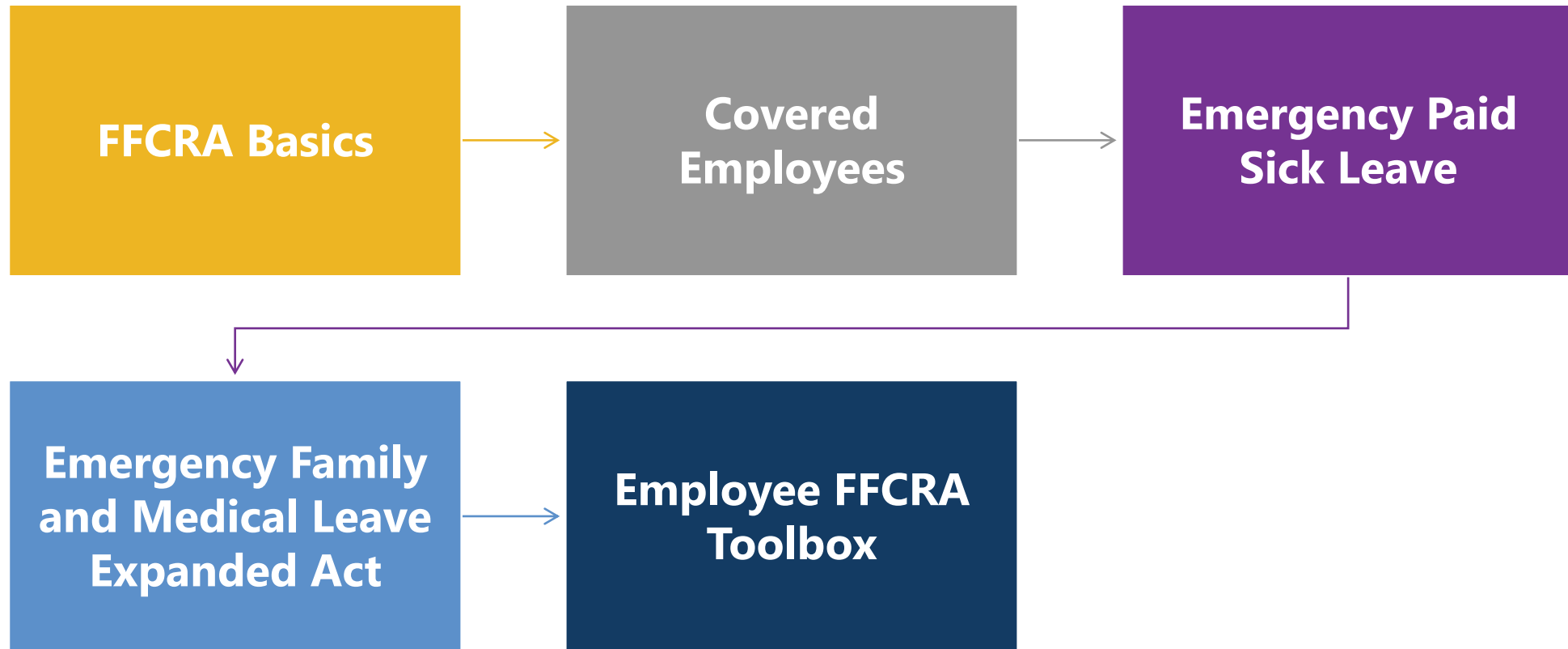


Families First Coronavirus Response Act (FFCRA) Training

Employee Webinar
Benefits and Pensions Division
May 2020

AGENDA



Objectives

At the end of this training, participants will be able to:

- Understand the basics of the Families First Coronavirus Response Act (FFCRA)
- Understand the two main benefits provided to employees through FFCRA
- Access specific resources available related to FFCRA

FFCRA Basics



Important Abbreviations

- DOL – Department of Labor
- EFMLA – Emergency Family and Medical Leave Expanded Act
- EPSL – Emergency Paid Sick Leave
- FFCRA – Families First Coronavirus Response Act
- FMLA – Family and Medical Leave Act
- HRL – Human Resources Liaison

Family First Coronavirus Response Act (FFCRA)

- Signed into law **March 18, 2020**
 - Emergency Paid Sick Leave (EPSL)
 - Emergency Family and Medical Leave Expansion Act (EFMLA)
- Effective **April 1, 2020** until **December 31, 2020**
- Enforced by the U.S. Department of Labor (DOL) Wage and Hour Division (WHD)

FFCRA Requirements

- Covered Employees
- Employee Eligibility
- Emergency Paid Sick Leave (EPSL) and Expanded Family and Medical Leave Act (EFMLA) benefits
- Number of Weeks and Hours of Leave Available
- Calculation of Pay

Covered Employees



FFCRA Covered Employees

- All County employees are covered under the FFCRA
 - This includes full-time, part-time, seasonal, contractual, and even temporary employees.
- However, the FFCRA provides for the exclusion of certain employees from certain FFCRA employee benefits.
- In addition, while covered under the FFCRA, employees must still meet benefit eligibility and qualifying condition requirements.

FFCRA Employee Exclusions

The following County employees are generally excluded from FFCRA leave benefits if they are unable to work/telework because they must care for a minor child whose school or childcare was closed due to COVID-19:

- Health Care Providers, or
- Emergency Responders

However, OHRM will review extenuating and extraordinary circumstances on a case by case basis.

FFCRA Health Care Providers

Health Care Provider is anyone employed at any:

- Doctor's office
- Hospital
- Health care center
- Clinic
- Post-secondary educational institution offering health care instruction
- Medical school
- Local health department or agency
- Nursing facility
- Retirement facility
- Nursing home
- Home health provider
- Any facility that performs laboratory or medical testing
- Pharmacy
- OR any similar institution, employer, or entity

FFCRA Emergency Responders

Emergency Responder is anyone necessary for transport, care, healthcare, comfort and nutrition of such patients, or others needed for the response to COVID-19.

Emergency responders Include:

- Military or national guard
- Law enforcement officers
- Correctional institution personnel
- Fire fighters
- Emergency medical services personnel
- Physicians, nurses, and public health personnel
- Emergency medical technicians and paramedics
- Emergency management personnel and 911 operators
- Public works personnel
- Persons with skills or training in operating specialized equipment or other skills needed to provide aid in a declared emergency
- Individuals who work for such facilities employing these individuals and whose work is necessary to maintain the operation of the facility (e.g., Hospital cleaning staff)

Emergency Paid Sick Leave (EPSL)



EMERGENCY PAID SICK LEAVE (EPSL)

Benefit Basics:

- Effective **April 1, 2020** until **December 31, 2020**
- EPSL benefits are immediately available to County employees
- Entitlement to paid sick leave for up to a 2-week period
 - Full-time employees, based on their schedule, up to 80 hours
 - Part-time employees, hours based on their schedule
- Six qualifying COVID-19 related reasons for EPSL

EPSL QUALIFYING REASONS FOR LEAVE

An employee is entitled to take Emergency Paid Sick Leave (EPSL) for COVID-19 related reasons if the employee is unable to work or telework because the employee:

Is subject to a federal, state, or local government quarantine or isolation order;

Has been advised by a health care provider to self-quarantine;

Is experiencing symptoms and is seeking a medical diagnosis;

Is caring for an individual who is subject to a Federal, State, or local government quarantine/isolation order or has been advised by a health care provider to self-quarantine,

Is caring for their minor child whose school/daycare is closed or childcare provider is unavailable, or

Is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services

EPSL REQUIRED RATE OF PAY

The applicable rate of pay is the **highest applicable wage rate**, either the:

- Employee's regular rate of pay,
- FLSA minimum wage, or
- Highest applicable state or municipal minimum wage

EPSL Pay Calculation Reasons

The employee is due 100% the required rate of pay for leave hours taken because the employee:

- Is subject to a government quarantine or isolation order,
- Was advised by a health care provider to self-quarantine, or
- Is experiencing symptoms and is seeking a medical diagnosis

While the FFCRA caps **EPSL at \$511 per day or \$5,110 in total for up to 80 hours, the County has chosen not to apply the caps and will pay employee's entire salary for these qualifying reasons.**

The employee is due two-thirds the required rate of pay for leave hours taken because the employee:

- Is caring for an individual subject to a government quarantine/isolation order or advised by a health care provider to self-quarantine;
- Is caring for their minor child whose school/daycare is closed or childcare provider is unavailable; or
- Is experiencing any other substantially-similar condition specified by HHS.

While the FFCRA caps EPSL at \$200 per day or \$2,000 in total, the County has chosen not to apply the caps and will pay employee's entire 2/3 rate.

EPSL Request Process

Your agency HRL is responsible for training and advising you of the following:

- **When should employees use an EPSL request form**
 - If you are unable to work even though the County has work for you because one of the COVID-19 qualifying reasons set forth in FFCRA prevents you from being able to perform that work at a normal worksite or by means of telework, then you may be eligible for EPSL benefits and should use the EPSL form to request these benefits.
- **Where can employees obtain an EPSL request form**
 - a) OHRM's website
 - b) Anywhere that your agency HRL has advised
- **What documentation should employees include with their EPSL requests**
 - **Every EPSL request** should include a written statement explaining why you are unable to work because of one of the qualifying reason for EPSL that has been mutually agreed upon and verified by your supervisor.
 - **EPSL reason 3:** Identification of your symptoms and the date that your COVID-19 test or doctor's appointment has been scheduled.
 - **EPSL reason 5:** The name of your child and your child's school and/or childcare provider. In addition, any documentation you may have regarding your childcare provider's unavailability due to COVID-19.
- **To whom and how should employees submit their EPSL requests**
 - You should personally deliver and/or email your completed form to your HRL as an attachment, along with any supporting documentation that is required.

EPSL | Request Form

- Form should only be used to request use of EPSL benefit
- Form can be downloaded from OHRM FFCRA website (see resources section)

OHRM
Office of Human Resources Management

Emergency Paid Sick Leave (EPSL) Form
(Families First Coronavirus Response Act (FFCRA)) April 1, 2020 – December 31, 2020

Section I: Employee Information

Anita Break
Employee's Full Name

Receptionist
Position Title

OHRM
Agency/Division

123456
Employee ID Number

80
Regular scheduled work hours over a 2-week period

Section II: Leave Request Information

Please indicate the reason why you are unable to work or telework (only 1 option may be selected):

- I am subject to a Federal, State, or local government quarantine/isolation order related to COVID-19.
- I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- I am caring for an individual who is subject to a Federal, State, or local government quarantine/isolation order or has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
- I am caring for my minor child because my child's school/daycare has been closed or daycare provider is unavailable, due to COVID-19 precautions (please also refer to *Emergency Family and Medical Leave Request and Certification Form*).

Please indicate the dates for leave:

Starting Date: 5/1/20
Ending Date: 5/14/20
Return Date: 5/15/20

Please indicate the type of leave you will be using with your EPSL request: Indicate the type(s) of leave you will be using in addition to the paid EPSL benefit and the number of hours for each leave type. You may select more than one type of supplemental paid leave.

Annual _____ Sick 80 _____ NONE _____
 Compensatory _____ Administrative _____ Personal _____

Section III: Verification and Acknowledgment

Employee's Signature _____ Date 5/1/20
Shalisha Hines Ivy, Esquire

Supervisor's Acknowledgment _____ Date 5/1/20

Section IV: EPSL Request Status

Approved
 Denied

Appointing Authority's Signature _____ Date _____

EPSL QUICK REFERENCE GUIDE

Eligible employees = ALL employees immediately

EPSL is paid before any other paid leave available and is in addition to any accrued leave

Reasons for Leave - Employee is unable to work (or telework) for reasons related to COVID-19 because:

- (1) Subject to government quarantine/isolation order
- (2) Advised by a health care provider to self-quarantine
- (3) Experiencing symptoms and is seeking a diagnosis
- (4) Caring for someone subject to a government order or advised by a health care provider to self quarantine
- (5) Caring for their minor child since school/childcare is closed or care provider unavailable
- (6) Experiencing other similar conditions defined by HHS

Healthcare Providers and Emergency Responders are generally excluded if leave is requested for childcare purposes under reason 5 but extraordinary and extenuating circumstances will be considered

Paid benefits are capped at 80 hours and do not carry-over from year to year:

- 100% pay for reasons 1-3
- 2/3 of your pay for reasons 4-6 but employees may supplement with accrued leave to receive full pay



Questions regarding EPSL?

Emergency Family and Medical Leave Expanded Act (EFMLA)

EFMLA

Benefit Basics:

- Only one (1) qualifying reason for EFMLA.
- Effective **April 1, 2020** until **December 31, 2020**
- Up to 12 workweeks of job-protected leave with continuation of health insurance.
- Initial 2 weeks are unpaid but remaining 10 weeks are paid.

EFMLA ELIGIBLE EMPLOYEES

Most employees, including full-time and part-time employees, are eligible for EFMLA benefits if they have been employed by the County **for at least 30 calendar days.**

- Regular, contractual, and temporary employees are covered.

Reminder: Employees defined as Health Care Providers and Emergency Responders under the FFCRA are generally not eligible for EFMLA or EPSL due to childcare and school closings, but extraordinary and extenuating circumstances will be considered.

EFMLA Qualifying Reason For Leave

There is only one qualifying reason for leave under the EFMLA:

- Employee leave to care for his or her child whose school or childcare provider is closed or unavailable for reasons related to COVID-19.

EFMLA Unpaid and Paid Leave Periods

UNPAID Leave Period

- Initial two weeks of EFMLA leave is “unpaid”
- Employee may use EPSL, Admin, or accrued leave during unpaid period

PAID Leave Period

- Up to an additional 10 weeks of EFMLA is paid
- Leave is paid at two-thirds the employee’s regular rate of pay
- While the FFCRA caps EFMLA at \$200 per day or \$10,000 in total, the County has chosen not to apply the caps and will pay employee’s entire 2/3 salary
- Employee may supplement EFMLA with accrued leave to receive full pay

EFMLA Request Process

Your agency HRL is responsible for training and advising you of the following:

- **When should employees use an EFMLA request form**
 - If you are unable to work even though the County has work for you because your minor child's school/daycare closure or childcare provider unavailability due to a COVID-19 reason prevents you from being able to perform that work at a normal worksite or by means of telework, then you may be eligible for EFMLA benefits and should use the EFMLA form to request this benefit.
- **Where can employees obtain an EFMLA request form**
 - a) OHRM's website
 - b) Anywhere that your agency HRL has advised
- **What documentation should employees include with their EFMLA requests**
 - **Every EFMLA request** should include a written statement explaining why you are unable to work due to your minor child's school/daycare closure or childcare provider unavailability due to a COVID-19 reason that has been mutually agreed upon and verified by your supervisor.
 - **Every EFMLA request** should include the name of your child and your child's school and/or childcare provider, In addition, include any documentation you may have regarding your childcare provider's unavailability due to COVID-19.
- **To whom and how should employees submit their EFMLA requests**
 - You should personally deliver and/or email the completed form to your HRL as an attachment, along with any supporting documentation that is required.
 - If your HRL preliminarily determines that you qualify for EFMLA benefits, they will submit your EFMLA request to OHRM for final review and approval.

EFMLA | Request Form

- Form should only be used to request use of EFMLA benefit
- Form can be downloaded from OHRM FFCRA website (see resources section)

OHRM
Office of Human Resources Management

Emergency Family Medical Leave Act (EFMLA) Form
(HR 6201 – the Families First Coronavirus Response Act (FFCRA)) April 1, 2020 – December 31, 2020

Section I: Employee Information

Shalisha Hines Ivy
Employee's Full Name

Trash Collection Manager
Position Title

DPWT/Waste Management
Agency/Division

123456
Employee ID Number

3/23/20
Date of Hire

Is your Spouse employed by the County and requesting EFML? Yes No
If yes, provide the following:

Spouse's Name _____ Employing Agency: _____

Section II: Leave Request Form

Dates requested for Leave of Absence

Starting Date: 5/1/20 Ending Date: 5/29/20

Reason(s) for leave:
 Unable to work (or telework) because the applicant is caring for their child (18 years of age or younger) because the school is closed, or childcare provider is unavailable due to an emergency with respect to COVID-19 declared by a Federal, State, or Local Authority.

Type of leave requested:
 Continuous
 Intermittent*
 Modified/Reduced Schedule*

Describe the Intermittent/Modified/Reduced Leave Schedule, if requested:

* Intermittent, modified, and/or reduced leave schedules must be mutually agreed upon by employee and supervisor.

Type(s) of leave you will be using with your EFMLA request: Indicate the type(s) of leave you will be using in addition to the paid EFMLA benefit and the number of hours for each leave type. You may select more than one type of supplemental paid leave.

Annual _____ Personal _____ NONE
 Compensatory _____ Administrative _____

A complete and sufficient certification to support a request for EMFL due to a qualifying reason as described by the Families First Coronavirus Response Act, includes any available written documentation that supports the need for the leave. Such documentation may include, for example, a document confirming the closure of your child's daycare facility. If you are a health care provider or emergency responder as defined by the FFCRA, your documentation must indicate and support your need for leave due to extraordinary and extenuating circumstances.

Is available written documentation supporting this request for leave attached?
 Yes No None Available

Section III: Verification and Acknowledgment

Shalisha Hines Ivy, Esquire
Employee's Signature

5/1/20
Date

Supervisory Acknowledgment _____ Date _____

Appointing Authority Acknowledgment _____ Date _____

Section IV: EFML Request Status

Approved
 Denied

OHRM Designee's Signature _____ Date _____

EFMLA QUICK REFERENCE GUIDE

Emergency expanded reason for FMLA but does not expand amount of total available FMLA benefits

Traditional FMLA job restoration and healthcare protection applies

Eligible employees = anyone employed at least 30 days with Healthcare Provider and Emergency Responder general exclusions unless extraordinary and extenuating circumstances exist

Leave qualification requirements

- Employee is unable to work (or telework) because must care for their minor child due to:
- School or childcare closures related to COVID-19
- Childcare provider unavailable due to COVID-19

Pay provisions

- First 10 days unpaid (can substitute EPSL, Admin, or accrued leave)
- Subsequent absences (10 weeks) paid at 2/3 of employee's regular rate
- Employee can supplement with additional accrued leave to receive full pay



Questions regarding EFMLA?

Employee FFCRA Toolbox



FFCRA Benefits at a Glance

Reason Why Employee is Unable to Work/Telework	Payroll Code	Eligible Benefits	Maximum Benefits Paid
1. The employee is quarantined pursuant to a Federal, State, or local government order.	Sick Emerg Pd Lv 2024	Up to two weeks (80 hours) of EPSL.	An employee's regular pay over the 2-week period.
2. The employee has been advised by a health care provider to self-quarantine related to COVID-19.	Sick Emerg Pd Lv 2024	Up to two weeks (80 hours) of EPSL.	An employee's regular pay over the 2-week period.
3. The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.	Sick Emerg Pd Lv 2024	Up to two weeks (80 hours) of EPSL.	An employee's regular pay over the 2-week period.
4. The employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2).	Sick Family First 2023	Up to two weeks (80 hours) of EPSL.	2/3 of an employee's regular pay over the 2-week period. The employee may choose to supplement with any accrued leave to receive their full salary.
5. The employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19. <i>Emergency Responders and Health Care Providers are generally not eligible.</i>	First 2 weeks: FMLA Emergency Unpaid 2025, Sick Family First 2023, or other accrued leave Remaining 10 weeks: FMLA Emergency Paid 2026 FFCRA Supplemental 2027& accrued leave	Full-time employees are eligible for up to 12 weeks of EFMLA benefits (two weeks of EPSL followed by up to 10 weeks of paid EFMLA) at 40 hours a week. Part-time employees are eligible for EFMLA for the number of hours they were normally scheduled to work over that period.	2/3 of an employee's regular pay over a 2-week period for EPSL or over a 10 week EFMLA period. The employee may choose to supplement with any accrued leave to receive their full salary.
6. The employee is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.	Sick Family First 2023	Up to two weeks (80 hours) of EPSL.	2/3 of an employee's regular pay over the 2-week period. The employee may choose to supplement with any accrued leave to receive their full salary.

FFCRA DOL Resources

The resources below are available from the Department of Labor (DOL) to provide guidance on FFCRA:

[FFCRA: Employee Paid Leave Rights*](#)

[FFCRA: Employer Paid Leave Requirements*](#)

[FFCRA: Questions and Answers](#)

[FFCRA Employee Rights Poster *](#)

**Also available in Spanish*

FFCRA OHRM Resources

The resources below are available from OHRM to provide guidance on FFCRA:

[Emergency Paid Sick Leave \(EPSL\) Request Form](#)

[Emergency Family and Medical Leave Act \(EFMLA\) Request Form](#)

[FFCRA Frequently Asked Questions by OHRM](#)

[FFCRA Benefits Chart](#)

Closing



Next Steps

Look out for a follow up email from OHRM that includes:

- Training Evaluation
- Copy of presentation
- Links to FFCRA request forms

FFCRA Points of Contact

Please contact your Agency Human Resources Liaison (HRL) if you have any questions about how to use or apply for FFCRA benefits.



Questions?