



COUNTY OF DUTCHESS

HUMAN RESOURCES

FAMILIES FIRST CORONAVIRUS RESPONSE ACT REQUEST (FFCRA)

Employee Information

Employee Name: _____

Employee Address: _____

Main Phone Number: _____

Email address: _____

Department _____

Title _____

Are you able to telecommute? Yes No

Are you able to telecommute intermittently while on leave? Yes No

If Yes, list days you will telecommute? _____

For employees who need to care for a child due to COVID-19 reasons of school/daycare closures, are you able to work intermittently at your worksite while on leave? Yes No

If Yes, list days you will report to work? _____

Requested Leave Begin Date: _____

Requested Leave End Date: _____

SECTION A. Reason(s) for leave request (Check all applicable):

1. Employee is subject to a Federal, State, or local quarantine or isolation order related to Coronavirus
Name of Government Entity that issued the order: _____
(Attach any available documentation from the issuing entity).
2. Employee has been advised by a health care provider to self-quarantine due to concerns related to coronavirus
Name of health care provider that advised the self-quarantine: _____
(Attach any available documentation from the health care provider).
3. Employee is experiencing coronavirus symptoms and ACTIVELY seeking a medical diagnosis
Name of health care provider employee is seeking treatment with: _____
(Attach any available documentation from the health care provider)

NOTE: The Emergency Paid Sick Leave Act (EPSLA) of the FFCRA provides 2 weeks (80 hours) of limited paid sick leave benefit for full-time employees that may be outside of Family and Medical Leave Act (FMLA) or Expanded Paid Family and Medical Leave Act (EPFMLA). This is prorated for part-time employees, including part-time employees who otherwise are not eligible for accrued benefits. Health care providers and emergency first responders may be excluded as defined under the FFCRA.

For requests for leave based on Reason 2 through 3, eligible employees will receive 100% of regular hourly rate, with a \$511/day (\$5,110 aggregate) cap.

For Reason 1 the NYS Sick Leave benefit will run currently and is not limited to an earning cap.

"AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER"

ADMINISTERS CIVIL SERVICE IN ALL TOWNS, VILLAGES, SCHOOL DISTRICTS, SPECIAL DISTRICTS

ALL COUNTY DEPARTMENTS AND THE CITIES OF POUGHKEEPSIE AND BEACON

4. Employee is caring for an individual who is subject to an order as described in reason 1 or 2 above. **Complete Section B #2.**

Name of Gov't Entity or health care provider issuing order: _____

(Attach any available documentation from the issuing entity or health care provider).

5. Employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or has mandated distance learning* or the childcare provider of such son or daughter is unavailable, due to coronavirus and attest that there is no other suitable person to care for my child(ren) during the period of requested leave. **Complete Section B1 and B2.** Name of school or place of care that is closed: _____

***Voluntary selection** of distance learning or keeping child out of daycare does not qualify.

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

For children needing care 15 and older ONLY: Please indicate what special circumstances exist, requiring you to provide care for a child 15 and older during daylight hours and unable to work or telework:

NOTE: The Emergency Paid Sick Leave Act (EPSLA) of the FFCRA provides 2 weeks (80 hours) of limited paid sick leave benefit for full-time employees outside of Family and Medical Leave Act (FMLA) or Expanded Paid Family and Medical Leave Act (EPFMLA). This is prorated for part-time employees, including part-time employees who otherwise are not eligible for accrued benefits. Health care providers and emergency first responders may be excluded as defined under the FFCRA.

Rate: For requests for leave based on Reasons 4 and 5, eligible employees will receive 2/3 of regular hourly rate, with a \$200/day (\$2,000 aggregate) cap.

NYSSL: For Reason 4 the NYS Sick Leave benefit may run currently and would not be subject to 2/3 cap..

FMLA Only: For Reason #5 (childcare) If you are taking expanded family and medical leave (EFMLA), employees receive up to 12 weeks protected leave (this takes into account any FMLA leave you may already have used). There is a two (2) week waiting period for this benefit. You may take the expanded paid sick leave (EPSLA) for that waiting period, or you may use your benefit time in accordance with the contract provisions. If you use your benefit time for the two week waiting period you will receive your regular pay. If you use the expanded paid sick leave (EPSLA) for the first two weeks you will not receive more than \$200 per day or \$12,000 for the twelve weeks that include both paid sick leave and expanded family and medical leave when you are on leave to care for your child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 related reasons. If you take employer-provided accrued leave during those first two weeks, you are entitled to the full amount for such accrued leave, even if that is greater than \$200 per day.

Section B. Attestation of no other suitable caregiver.

- 1) If qualifying due to school or daycare provider unavailable under Reason #5 above due to closure or mandated distance learning, please provide a copy of notice from such institution/agency/individual.

Documentation attached: Yes No

- 2) If no other suitable person is available to care for child(ren) under Reason #5 above or individual under Reason #4 above, please provide a brief explanation of circumstances as to why no other individual is able/available: i.e. what has changed to your regular childcare arrangements for before/after school care or daytime arrangements that requires need to be home.

I authorize the appointing authority to obtain any necessary information regarding my request under the Families First Coronavirus Response Act. During the time period of the County's Emergency Declaration, the County will accept your electronic signature.

I attest that I am unable to work or telecommute because of the COVID-19 reason and understand falsification may result in disciplinary action.

Employee Signature: _____ Date: _____

**Department
Review**

Employee is is not able to work from home.

Appropriate supporting documentation is attached: Yes No (If not, please do not forward to HR until received.)

Authorizing Signature: _____ Date: _____

Print Name: _____

**Human
Resources**

Leave Request is Approved Denied

Reason for denial:

Leave begin date: _____ Leave type: Continuous Intermittent

Length of approval: _____

NYS Sick Leave Runs concurrently: Yes No

FMLA Runs concurrently: Yes No

Authorizing Signature: _____ Date: _____

Please Note: Once Human Resources has completed this form, it is the departments responsibility to relay the results to their employees.