

Douglas County
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
REQUEST FORM

Return completed form to Human Resources:

Fax – 715-395-1312

Email – adminhr@douglascountywi.org

SECTION 1: Employee Information	
Employee Name:	
Employee Address:	
Main Phone Number:	Secondary Phone Number:
Email Address:	
Leave Begin Date:	Anticipated End Date:
<p>I am unable to work or telecommute for the following reason(s) (Check all applicable):</p> <ul style="list-style-type: none"><input type="checkbox"/> - (1) Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (Complete Section A only)<input type="checkbox"/> - (2) Employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 (Complete Section A only)<input type="checkbox"/> - (3) Employee is experiencing COVID-19 symptoms and seeking a medical diagnosis (Complete Section A only)<input type="checkbox"/> - (4) Employee is caring for an individual who is subject to an order as described in reason 1 or 2 above (Complete Section A only)<input type="checkbox"/> - (5) Employee is caring for his/her child whose school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 (Complete both Section A and B below)<input type="checkbox"/> - (6) Employee is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services (Complete Section A only)	
<p>Section A. The Emergency Paid Sick Leave Act (EPSLA) of the FFCRA provides 2 weeks (up to 80 hours) of paid sick leave for full-time employees. The hours are prorated for part-time employees, including part-time employees who otherwise are not eligible for accrued benefits.</p> <p>All employees actively employed by Douglas County are eligible, with some exclusions. Employees exempted from this benefit are defined in the FFCRA policy.</p> <p>For reasons (1), (2), (3) listed above, eligible employees will receive 100% of regular hourly rate, with a \$511/day (\$5,110 aggregate) cap.</p> <p>For reasons (4), (5), (6) listed above, eligible employees will receive 2/3 of regular hourly rate, with a \$200/day (\$2,000 aggregate) cap.</p>	

Please indicate if leave is being requested under the EPSLA and the number of hours that are being requested under that Act.

_____ Leave requested

_____ Hours requested

Section B. The Emergency Family and Medical Leave Expansion Act (EFMLEA) of the FFCRA is available for employees who have worked at least 30 calendar days and are required to care for their son or daughter because the school or place of care of the son or daughter has been closed, or the childcare provider is unavailable, due to COVID-19 reasons. Employees exempted from this benefit are defined in the FFCRA policy.

Employees receive up to 12-weeks protected leave. The first 10 work days off will be unpaid, however employees can request to substitute EPSLA leave at 2/3 pay plus their own accruals to supplement their pay for the first 10 days (see Section A above).

After the 10th missed work day, the employee will be eligible for pay from the County equal to 2/3 of the employee's regular rate of pay for the remainder of the available EFMLEA leave, not to exceed a daily cap of \$200 or aggregate cap of \$10,000 (\$12,000 cap including the 10 days of EPSLA leave), per person.

Please indicate if leave is being requested under the EFMLEA and the duration of the leave being requested.

_____ Leave requested

_____ Duration of Leave in Days/Weeks

I will provide the Human Resources Department with 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.

Employee Signature: _____ Date: _____

******* Human Resources Use Only *******

Leave Request is Approved

Authorizing Signature: _____ Date: _____

If Leave is denied, a hard copy will be provided to the employee stating the reason(s) for the denial:

- Does not qualify
- Exempted employee
- New employee <30 days
- Other