198 East Street, Coopersville Michigan 49404
(616) 997-3200

COOPERSVILLE
Area Public Schools
One Community, One Campus... Endless Opportunity

www.coopersvillebroncos.org

April 8, 2020

Re: FFCRA

To District Employees:

We hope this email finds everyone safe, healthy, and at home. As you may know, President Trump signed the Families First Coronavirus Response Act into law which provides eligible employees additional options for either Extended Family Medical Leave or Emergency paid sick leave to employees (in addition to any accrued leave time you already have) due to COVID-19 issues. This leave is available until December 31, 2020. The Federal Government has asked all employers to provide a written notice to their employees which you will find attached to the email.

Things are changing quickly, and we will do our very best to keep you updated on information as we get it. In the meantime, if you have any questions or concerns, please reach out to Human Resources at ladams@capsk12.org. We are all here to support you and we are in this together.

Sincerely,

Ron Veldman
Superintendent

RV/la

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their 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.

▸ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to $511 daily and $5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to $200 daily and $2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to $200 daily and $12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

▸ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

▸ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

▸ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd

WH1422 REV 03/20

HR/ADVANTAGE ADVISORY

Request for Expanded Leave Under the Family & Medical Leave Act (EFMLA) Pursuant to the Families First Coronavirus Response Act

INSTRUCTIONS: Employee to complete before providing this form to Human Resources or other approving party.

Your name (Print):

First _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Job Title _____ Regular work schedule _____

ELIGIBILITY FOR LEAVE – PLEASE PROVIDE DOCUMENTED PROOF SUCH AS NOTICE OF SCHOOL CLOSURE

Name of "Son or Daughter"* _____

Date of Birth of Son or Daughter _____

School/Daycare Provider name and address: _____

_____

_____

_____

Telephone#: _____ Fax#: _____

Approximate date of closure due to 2019 Novel Coronavirus: _____

Probable duration of closure: _____

"Son or daughter" is defined as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is either under 18 years of age or is 18 years of age or older and "incapable of self-care because of a mental or physical disability" at the time FMLA leave is to commence.*

AMOUNT OF LEAVE REQUESTED

Number of Days/Weeks Requested: _____

Estimate the part-time or reduced work schedule (in 1-hour increments) if any:

_____ hour(s)/day _____ days/week from _____ through _____

FOR FIRST 10 DAYS (2 weeks)

_____ I would like the first 10 days to be unpaid

_____ I would like to use sick ____ vacation ____ personal ____ time during the first 10 days

_____ I am applying for Paid Sick Leave under HR 6201 for the first 10 days (2/3 of my regular rate at maximum of $200 a day or $2,000 total) to provide child care. ***Completed paid sick leave form is required.***

I understand that paid leave for the remaining 10 weeks of the 12-week leave will be at 2/3 of my regular pay not to exceed $200 a day for a maximum payment of $10,000. After I have received the maximum payment under this leave, I elect to use the following in accordance with District policy and/or Collective Bargaining Agreement:

Vacation: _____ Sick time: _____ Personal time: _____ Unpaid time: _____

I understand that the Employer can establish reasonable notice procedures in order for me to continue receiving the leave benefits and that I will promptly notify my Employer when my child's school or daycare re-open or I no longer need this leave.

Comments: _____

_____

_____

_____

I certify that I am unable to work (or telework) because I am caring for a son or daughter who is 18 years old or younger** and no other person will be providing care for the child during the period for which I am seeking leave.

_____ _____

Signature of Employee **Date**

Determination of eligibility for leave under the FFCRA, and/or additional documentation or clarification of documentation may be required prior to making a final determination to approve or deny the leave requested.

For Employees Seeking Leave to Care for Child Older Than 14 Years Old

I certify that I am requesting leave due to the inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours and that I have provided a statement to my Employer that special circumstances exist requiring me to provide care.

_____ _____

Signature of Employee **Date**

Determination of eligibility for leave under the FFCRA, and/or additional documentation or clarification of documentation may be required prior to making a final determination to approve or deny the leave requested.

In most instances, you are entitled to be restored to the same or an equivalent position upon return from paid sick leave or expanded family and medical leave. Thus, your employer is prohibited from firing, disciplining, or otherwise discriminating against you because you take paid sick leave or expanded family and medical leave. Nor can your employer fire, discipline, or otherwise discriminate against you because you filed any type of complaint or proceeding relating to these Acts or have or intend to testify in any such proceeding.

However, you are not protected from employment actions, such as layoffs, that would have affected you regardless of whether you took leave. This means your employer can lay you off for legitimate business reasons, such as the closure of your worksite. Your employer must be able to demonstrate that you would have been laid off even if you had not taken leave.

Approved: _____ **Denied:** _____

_____ _____

District Representative/HR Signature **Date**

_____

District Representative/HR Printed Name

HR ADVANTAGE ADVISORY

Request for Emergency Paid Sick Leave (EPSL)
Pursuant to the Families First Coronavirus Response Act (HR6201)

Employee Name: _____ **Date:** _____

I am requesting to use Paid Sick leave under the Families First Coronavirus Response Act (HR 6201) for one of the following reasons (please check one):

FFCRA paid sick leave of up to 80 hours at your regular rate of pay up to $511/day ($5,110 total)

1. _____ I am subject to a federal, state, or local quarantine or isolation order due to COVID-19. The quarantine period is scheduled to end: _____ *(Documentation is required.)*

   A. The name of the governmental entity ordering quarantine is: _____

2. _____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. The quarantine period is scheduled to end: _____ *(Documentation is required.)*

   A. The name of the healthcare provider advising self-quarantine is: _____

3. _____ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. I have/have not been in contact with a healthcare provider. *(Documentation from a healthcare provider such as a licensed doctor of medicine or nurse practitioner will be required once you have contacted them.)*

FFCRA paid sick leave of up to 80 hours at 2/3 of your regular rate of pay up to $200/day ($2,000 total)

4. _____ I am caring for an individual who is subject to an order as provided in (1) or has been advised as per (2). The quarantine period is scheduled to end:
   (Documentation from a healthcare provider such as a licensed doctor of medicine or nurse practitioner is required.)

   A. The individual who I am caring for is (full name): _____

   B. The individual's relationship to me is: _____

5. _____ I am caring for a son or daughter because the school or place of care for the child has been closed, or the childcare provider is unavailable, due to COVID-19 precautions. The anticipated need to care for my son or daughter will end
   (Documentation showing the school closure or that the childcare provider is not available due to COVID-19 is required. If you are requesting leave due to the inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring you to provide care MUST *be included in addition to this form).*

   Child 1:

   Name: _____ Age: _____

   Name of School or Place of Care that is closed: _____

   Child 2:

Name: _____ Age: _____

Name of School or Place of Care that is closed: _____

Child 3:

Name: _____ Age: _____

Name of School or Place of Care that is closed: _____

I certify that no other person will be providing care for the child/children during the period for which I am requesting family medical leave.

_____

Employee Signature Date

6. _____ I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and the Secretary of Labor.
(Documentation from a healthcare provider such as a licensed doctor of medicine or nurse practitioner is required.)

BY SIGNING THIS FORM, I CERTIFY THAT I AM UNABLE TO WORK, INCLUDING BY MEANS OF TELEWORK, FOR THE REASON INDICATED ABOVE.

_____

Employee Signature Date

Approved: _____ **Denied:** _____

_____ _____

District Representative/HR Signature Date

_____

District Representative/HR Printed Name