

MEMORANDUM

To: NFPS – All Employees
From: Human Resources
Date: January 25, 2021
RE: Families First Coronavirus Response Act (FFCRA) – EXTENSION

As you know, the employee paid leave offerings provided through the Families First Coronavirus Response Act (FFCRA) were scheduled to expire on December 31, 2020.

The Board of Trustees has approved an extension of the employee paid leave offerings to expire on the **last day of 2020-2021 school year, June 3, 2021**. The paid leave entitlements, eligible employees, and qualifying reasons for leave related to COVID-19 will remain the same under the U.S. Department of Labor’s Wage and Hour Division (WHD).

Exhausted Leave

Once the 80 hours (10 days) have been exhausted:

- Employees may use their regular sick/personal leave and/or docked pay.
- Employees will be notified once the paid leave entitlement has been exhausted.

Procedure

The school nurse must be contacted immediately for approval of leave. In turn, the nurse will notify the Human Resources (HR) department and the appropriate Supervisor.

If applicable, the supervisor may approve Remote Work for a position.

Employee must complete a NFPS FFCRA Leave Request Form and submit to Human Resources along with supporting documentation.

The HR department will formally send out an email to the employee containing the qualifying reason, balance of hours, and expected return date.

Questions may be directed to Human Resources via email hr@newfrontierspublicschools or by phone (210) 519-3908.

Attachments: NFPS FFCRA Leave Request Form
FFCRA WH1422 – Employee Rights
FFCRA Quick Tip Poster

FFCRA Leave Request Form

Emergency Paid Sick Leave (EPSL) & Expanded Family and Medical Leave (EFML)

Name	Date Submitted
Department/campus	Position
Email	Phone number
Duration of leave <i>(specify all dates requested)</i>	

Leave benefits under the Families First Coronavirus Response Act (FFCRA) applied for the limited time period of April 1, 2020, to December 31, 2020. **New Frontiers Public Schools has approved the extension of FFCRA leave benefits through June 3, 2021.** The amount of paid leave an employee may receive will vary depending on the reason leave is taken. Detailed information is available in the FFCRA Employee Rights Notice - WH1422.

An employee requesting emergency paid sick leave and expanded family and medical leave must complete this form and return it to Human Resources as soon as the need for leave is identified. Documentation supporting the need for leave should be included when the request is submitted.

Emergency Paid Sick Leave (EPSL) is limited to 80 hours of paid leave at the following rates:

- Self: regular rate of pay up to \$511 per day
- For care of an individual or a son or daughter: two-thirds (2/3) the regular rate of pay up to \$200 per day

Expanded Family and Medical Leave (EFML) provides up to 12 weeks of leave to care for a son or daughter when school is closed or child care is unavailable due to COVID-19. The first two weeks are unpaid, although the employee may access EPSL or other paid leave during this time. The remaining 10 weeks is two-thirds the regular rate of pay up to \$200 per day.

I request leave for the following reason(s):

Self

I'm subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of entity requiring quarantine or isolation: _____

I've been advised to self-quarantine by a health care provider.

Name of health care provider requiring self-quarantine: _____

I'm experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

Name of health care provider: _____

I'm experiencing any other substantially-similar conditions specified by the U.S. Department of Health and Human Services.

Care for other individual or child

I'm unable to work in order to care for a minor son or daughter because their school is closed or child care is not available due to COVID-19.

Name of school or child care facility: _____

Are you the only adult caring for the child(ren): yes no

Name and age of child(ren): _____

If the son or daughter is over the age of 14 describe special circumstance requiring the care:

I'm unable to work in order to care for an individual subject or advised to quarantine or isolate.

Name of individual: _____ Relationship: _____

Name of health care provider: _____

Intermittent Leave

I'm requesting intermittent leave according to the following schedule (*dates*): _____

Accrued leave use

EPSL (*Emergency Paid Sick Leave*):

I choose to use my accrued paid leave to supplement the pay covered by EPSL so I receive 100 percent of my regular rate of pay.

EFML (*Expanded Family and Medical Leave*):

I understand I am able to use my accrued paid leave concurrently with EFML. When accrued leave is exhausted, I will receive 2/3 pay for any remaining EFML.

Leave Type & Dates to be covered by accrued pay: _____

I hereby certify that I am unable to work or telework because of the qualified reason stated above. I certify that this statement is true and accurate and understand that my employer is relying on my representations and that false representations may result in disciplinary action.

Employee Signature: _____ **Date:** _____

Designation:

(*completed by HR Department and a copy provided to the employee*)

The employee qualifies for EPSL.

The employee does not qualify for EPSL.

The employee qualifies for _____ weeks of EFML.

The employee does not qualify for EFML.

For office use only:		
Date of Employment	_____	
Medical certification provided	Yes	No
Approved by:	_____	
	Name and title	
Date:	_____	

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;
- $\frac{2}{3}$ 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 $\frac{2}{3}$ 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:

- | | |
|---|---|
| <ol style="list-style-type: none">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); | <ol style="list-style-type: none">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; or6. 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





How much paid leave can employees take?



In general, applies to you if you are an employee of either a private employer with fewer than 500 employees or a covered public sector employer



You are following a federal, state, or local quarantine or stay-at-home order or are quarantined by a health care provider

OR

You have COVID-19 symptoms and are seeking a diagnosis

TIME OFF

Up to two weeks or 80 hours of paid sick leave at higher of regular rate or minimum wage*



You must care for someone under a federal, state, or local quarantine or stay-at-home order or are quarantined by a health care provider

OR

You must care for your child whose school, child care provider, or place of care is unavailable due to COVID-19

TIME OFF

Up to two weeks or 80 hours of paid sick leave at higher of 2/3 regular rate or minimum wage*



You must care for your child whose school, child care provider, or place of care is unavailable due to COVID-19

AND

You've been employed at least 30 calendar days

TIME OFF

Up to 10 additional weeks of family leave paid at 2/3 regular rate*

*Paid leave is capped at specific maximum amounts per worker

Learn more at dol.gov/FFCRA

