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;
- 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 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:

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.

For additional information or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd
FFCRA Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and LaPorte Community School Corporation’s Emergency Paid Sick Leave Policy, please complete the following request form and submit to the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy.

Employee Name (print clearly): ____________________________________________

Department: ___________________________________________________________

Manager: ______________________________________________________________

Requested Leave Start Date: __________   End Date: ________________

The amount of emergency paid sick leave being requested is __________ hours.

I wish to take intermittent leave for reason #5 below, during the following days and hours:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

☐ 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.
☐ 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
☐ 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.
☐ 4) I am caring for an individual who is subject to either number 1 or 2 above.
☐ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID–19 precautions; and,
   ☐ I attest that no other suitable person is available to care for my child during the requested period of leave.
   ☐ I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.
☐ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

I have attached appropriate documentation supporting my need for leave.

Employee Signature: ___________________________ Date: ___________________________

Manager Signature: ___________________________ Date: ___________________________

HR Department Rep. Signature: ___________________________ Date: ___________________________
Employee Statement Supporting Leave

I, ____________________________, provide the following information in support of my request for emergency paid sick leave (complete all that apply):

Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order:
________________________________________________________________________

Effective dates of the order: ________________________________________________

Leave due to a health care provider’s advice to self-quarantine

Name of the health care provider advising me or the individual I am caring for to self-quarantine:
________________________________________________________________________

Written documentation is available and attached: □Yes, □No

Name and relation of the individual who I am needed to care for:
Name: ____________________________ Relation: ____________________________

Leave due to a school or place of child care closed due to COVID-19

Name of school or place of care:
________________________________________________________________________

Name of child caregiver unavailable due to concerns related to COVID-19:
________________________________________________________________________

Name and age of child or children I am needed to care for:
Name: ____________________________ Age: ____________________________
Name: ____________________________ Age: ____________________________
Name: ____________________________ Age: ____________________________

No other suitable person is available to care for my child for the requested leave period due to:
________________________________________________________________________

The special circumstances requiring my need for leave to care for a child ages 15-17 are:
________________________________________________________________________

Leave due to a substantially similar condition specified by the secretary of health and human services

Provide details regarding the need for this leave:
________________________________________________________________________

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: ____________________________ Date: __________________