

FFCRA Leave Request Guidelines

**Employees requesting Paid Sick Leave (PSL) and/or Emergency Family and Medical Leave Expansion Act (EFMLEA) leave under the Families First Coronavirus Response Act (FFCRA) must complete this form and email it to Human Resources at hr@brazoscountytexas.gov.*

Families First Coronavirus Response Act (FFCRA) provides paid leave under qualifying situations for employees affected by the coronavirus. This applies for employees who are unable to work (or telework) due to a need for leave due to a qualifying reason listed below:

Qualifying Reasons:

1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
2. The employee is advised by a healthcare provider to self-quarantine due to concerns related to COVID-19 (Doctor's note is required)
3. The employee is experiencing symptoms of COVID-19 and seeking medical diagnosis (Doctor's note is required)
4. The employee is caring for an individual who is subject to quarantine or self-quarantine as advised by that individual's healthcare provider.
5. The employee is caring for a minor son or daughter and the school or place of care for the minor has closed, or the childcare provider of minor is unavailable, due to COVID-19 precautions.

****Under EFMLEA, employees who have been employed by Brazos County for at least 30 days may take up to 12 weeks for this purpose, however, that 12 weeks will be reduced by any FMLA you have already taken during the 12-month period prior to the leave start date. The first two weeks of leave will be unpaid, or you may utilize your Paid Sick Leave (PSL) hours for this time period. The remaining 10 weeks of EFMLEA will be paid.*

6. The employee is experiencing any other substantially similar condition specified by the Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

FFCRA Employee Leave Request Form

Employee Name: _____

Employee ID No. _____

Department: _____

Cell/Home Phone: _____

(Documentation as specified by IRS guidelines for the FFCRA must be provided with request)

I am entitled to take leave related to COVID-19 because I am unable to work (or telework) for one of the following reasons (Check one):

1. I am subject to a government quarantine declared by: _____ (name of Governmental Agency); or
2. I have been advised by _____ (name of your Healthcare Provider) to self-quarantine related to COVID-19 for _____ days beginning on _____, 2020; or
3. I am experiencing one or more of these symptoms:
- Coughing; or
 - Fever of 100.4⁰ or higher; or
 - Sore throat; or Chills; or Shortness of breath
- And am consulting with a healthcare provider for diagnosis _____
(name of healthcare provider you have or will consult); or
4. I am caring for an individual subject to quarantine or self-quarantine as advised by that individual's healthcare provider.
- c. Name of Individual you are caring for: _____
- d. Nature of relationship with that individual: _____
5. I am unable to work because I am caring for my child(ren) under 18 years old during a closure of a school or childcare provider.
- a. Name of School or Childcare Provider: _____
- b. Date of Closure: _____
6. I am experiencing another condition that is substantially similar to COVID-19.

I understand that Emergency Paid Sick Leave (PSL) is available for one of the six reasons listed above and only for a total of up to 80 hours for Full-Time employees. For employees with varying hours, they may utilize Emergency Paid Sick Leave (PSL) or EFMLA for the budgeted average number of hours for their position.

I also understand that I am entitled to an additional 10 weeks of leave under the EFMLEA at my normal rate of pay for reason number five above only. I also understand that I can only use 12 weeks of FMLA in a rolling 12-month period.

Signature: _____

Date: _____