FFCRA Emergency -Family Medical Leave Act (E-FMLA)

Due to COVID-19 national situation, the federal government has issued the Family First Coronavirus Response Act (FFCRA) to assist employees in companies with fewer than 500 employees with leave time if they are _not able to work or telework_ to care for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19. This expanded leave is in effect from April 1 – December 31, 2020.

The FMLA and E-FMLA covers an aggregate of 12 weeks of leave. The E-FMLA expanded the qualifying reasons as listed below for employees that are _not able to work or telework_. The first two weeks of E-FMLA is unpaid. The employee does have the option to use their Integrity Data accrued PTO or the FFCRA Paid Sick Leave for the unpaid time. See your Journyx account for your PTO balance. If you want to use the FFCRA Paid Sick Leave, please submit that request form.

The remaining 10 weeks will be paid at 2/3rds of the employee's regular rate. Employees requesting this time need to be employed with Integrity Data for at least 30 days. Intermittent leave would be available. This coverage would be available for full-time and part-time employees.

Intermittent Leave or a Reduced Work Schedule
The employee may take E-FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced-hour schedule. In all cases, the leave may not exceed a total of 12 workweeks.

To request the leave, please fill out the form and include required documentation. Return the form to the HR office.

Employee Name: _____

Dates of Leave: _____

Anticipated Return to Work Date: _____

Qualifying Reason:

❑ Caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19

Name, Organization, & Address of Childcare Provider:

_____

_____

_____

Name & Age of Child(ren) being Cared for:

_____

Note: With the care of a child older than 14 during daylight hours, a statement that special circumstances exist requiring the employee to provide care is needed.

Please include evidence of notice of school or childcare provider closure that would include dates. If you need assistance with this, please contact HR office for suggestions of evidence.

I attest that I am not able to work or telework due to the qualifying reason above and have included supporting documentation for the qualifying reason. I attest that there is no other person able to provide care for the child during the period of which the leave is requested and that no other person will provide care during the leave.

I understand my rights under E-FMLA. I understand that I am responsible for my benefit deductions during any unpaid leave. I understand that I must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on my return from leave. I also understand that the leave will be counted against my annual FMLA/E-FMLA leave entitlement.

Employee Signature: _____   Date: _____