

**Families First Coronavirus Response Act (FFCRA)**  
**April 1-December 31, 2020**

**Families First Coronavirus Response Act (FFCRA)**

Eligible Employees:

- Non-UTMC and Non-patient care employees who cannot work or who cannot work remotely, due to reasons specified under the FFCRA.
- Emergency Expansion of FMLA ~ employees who have been employed for at least 30-days by the University of Toledo.
- Paid sick time provided under this Act does not carryover from one year to the next.
- Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement or other separation from employment.

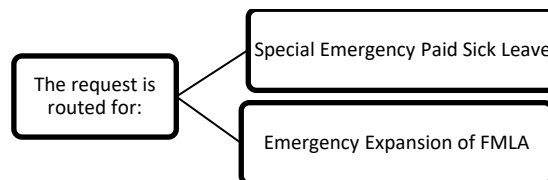
**Eligible Employees**

Eligible employees will be entitled to emergency paid sick leave if they have a qualifying reason for use. Employees who are a health care provider or an emergency responder are excluded from the application of these benefits.

A health care provider is “employed to provide diagnostic services, preventive services, treatment services, or other services that are integrated with and necessary to the provision of patient care.”

**Employee submits a leave request online:**

- Electronic form ~ Paid Leave under the Families First Coronavirus & Emergency Paid Sick Leave Act
- A fillable electronic Absence Report can be found through this link:
  - <https://www.utoledo.edu/depts/hr/Working-Through-COVID-19.html>



**Qualifying Reasons for Leave:**

Under the FFCRA, an eligible employee qualifies for paid sick time if the employee is unable to work (or unable to work remotely) due to a need for leave 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 a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
6. is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

**Duration of Leave:**

Reasons:	Time
For reasons: (1) (2) (3) (4) (6)	A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
For reason (5)	A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period. (This is not intended to extend FMLA benefits, it is intended to allow employees who may not qualify under the traditional FMLA guidelines to qualify for FMLA due to COVID 19 related incidents.)

**Calculation of Pay:**

Reasons:	Time
For reasons: (1) (2) (3)	employees taking leave are entitled to pay at either their  ~ regular rate of pay up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).
For reason: (4) (6)	employees taking leave are entitled to pay at 2/3 their regular rate up to \$200 per day and \$2,000 in the aggregate (over the 2-week period).
For leave reason (5):	employees taking leave are entitled to pay at 2/3 their regular rate up to \$200 per day and \$12,000 in the aggregate (over the 2-week period); employees may use accrued leave time to make up the 1/3 unpaid time to meet their normal full day pay for the initial two weeks of this leave for this reason.

**Documentation/verification:**

For reason # 5 documentation may include a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child-care provider.

**Employee and Supervisor receive an email notification**

The notification provides information that the employee has applied to utilize the FFCRA.

**Supervisor ensures absences are properly reported**

- If employee returns sooner than as stated in their online application, supervisor must ensure that Payroll has accurate dates of employee’s actual leave.

**Employee Returns to work**

- The employee will need to immediately notify their supervisor of their return to work
- Supervisor notifies LOA Advisor

	<b>Amount of Leave</b>	<b>Rate of Pay</b>	<b>Aggregate Cap Amount(s)</b>	<b>Qualifying Reason(s)</b>
<b>Sick Leave</b>	80 hours for FT  Varies for PT/Temp	100% of regular wages, up to \$511/day	\$5,110	<u>Self-Care –</u> <u>The Employee is:</u> 1. Subject to a quarantine or isolation order. 2. Advised by a healthcare provider to self-quarantine. 3. Experiencing COVID-19 symptoms and seeking a medical diagnosis
	80 hours for FT  Varies for PT/Temp	67% of regular wages, up to \$200/day	\$2,000	<u>Care for Another –</u> <u>The Employee is:</u> 4. Caring for individual subject to an order or advised by provider. 5. Caring for child if school or place of care closed/ unavailable. 6. Experiencing any other substantially similar condition specified by HHS Secretary.
<b>FMLA</b>	12 weeks.  First 10 days unpaid.	First 10-days unpaid, but can supplement any accrued vacation, sick, personal leave.  After first 10 days, employer paid 67% of regular wages, up to \$200/day	\$10,000	Employee unable to work (or work remotely) due to a need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the child care provider is unavailable, due to a public health emergency.

THE UNIVERSITY OF  
**TOLEDO**

## Paid Leave under the Families First Coronavirus Act & Emergency Paid Sick Leave Act

The Families First Coronavirus Act (Act), signed into law on March 18, 2020, and effective April 2, 2020, temporarily requires certain employers, including state agencies, to provide paid leave for enumerated reasons related to the COVID-19 pandemic.

Hi Theresa, when you submit this form, the owner will be able to see your name and email address.

\* Required

1. Select Your Reason For Leave \*

Select your answer

Submit

Hi Theresa, when you submit this form, the owner will be able to see your name and email address.

\* Required

1. Select Your Reason For Leave \*

Select your answer

Paid Leave under the Families First Coronavirus Act

Emergency Paid Sick Leave Act

1. Select Your Reason For Leave \*

Paid Leave under the Families First Coronavirus...

2. Select the leave category below for paid leave under the Families First Coronavirus Act. \*

Select your answer

3. Please type in your supervisor's e-mail address: \*

Enter your answer

4. Leave start date: \*

Please input date in format of M/d/yyyy

5. Projected end date: \*

Please input date in format of M/d/yyyy

6. Via submission of this form and my e-signature below, I agree that my answers are true and accurate. Please include your Rocket Number after your signature: \*

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