



Employee Name: _____

OHIO EE ID#: _____

Department: _____

Supervisor: _____

Directions:

To be approved for leave under the Families First Coronavirus Response Act (FFCRA), employees must complete and submit this request form, with supporting documentation, to University Human Resources. Supporting documentation must be provided to University Human Resources within 15 days of the leave start date.

The request form and supporting documentation shall be emailed to uhr@ohio.edu from the employee's official OHIO employee email address, faxed to (740) 597-1337, or mailed to:

UHR Records
HRTC 103
169 W. Union St.
Athens, OH 45701

Supporting documentation for leave may include the following:

- Copy of the Federal, State or local quarantine or isolation order related to COVID-19
- Documentation by a health care provider advising employee to self-quarantine due to COVID-19
- Documentation by a healthcare provider designating employee as a qualified caregiver due to COVID-19
- Written notice of closure from employee's child(ren)'s daycare provider or school due to COVID-19.
(Need for such notice of closure or unavailability from the employee's child's school, place of care, or child care provider, may be met by a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to the employee from an employee or official of the school, place of care, or child care provider.)

The FFCRA provides emergency paid sick time and expands family and medical leave (FML) through the Emergency Paid Sick Leave and the Emergency Family and Medical Leave Expansion Acts. Information about eligibility, pay caps, and leave allowances is available on the Ohio University Human Resources FFCRA Employee Leave website at <https://www.ohio.edu/hr/benefits/ffcra>.

Please check the leave type that applies. (Check all that apply. Supporting documentation must be provided for each type selected):

- 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
- 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.

Please indicate the paid leave or PTO allowance(s) to be used (check all that apply):

- Two weeks (up to 80 hours) of **PAID EMERGENCY SICK TIME.**

Starting Date: _____ and Ending Date: _____

- Employee is unable to work due to:
 - Employee is quarantined pursuant to Federal, State, or local government order or advice of a health care provider, or
 - Employee is experiencing COVID-19 symptoms and seeking a medical diagnosis.
- Pay at Employee's regular rate of pay (maximum of \$511 per day or \$5,110 total)

- Two weeks (up to 80 hours) of **PAID EMERGENCY SICK TIME.**

Starting Date: _____ and Ending Date: _____

- Employee is unable to work due to:
 - Bona fide need to care for an individual subject to quarantine pursuant to Federal, State, or local government order or advice of a health care provider;
 - Care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19; or,
 - Employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.
- Pay at two-thirds the employee's regular rate of pay (maximum of \$200 per day or \$2,000 total)

- Up to 10 weeks of **PAID EXPANDED FAMILY AND MEDICAL LEAVE.**

Starting Date: _____ and Ending Date: _____

- Employee is unable to work due to:
 - Bona fide need to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19.
- Pay at two-thirds the employee's regular rate of pay (maximum of \$200 per day or \$10,000 total)

- Up to 10 weeks of **LEAVE UTILIZING EMPLOYEE'S ACCRUED PAID TIME OFF.**

Starting Date: _____ and Ending Date: _____

- Employee is unable to work due to:
 - Bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider);
 - Bona fide need to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19; or,
 - Employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.
- **Note: Accrued sick leave may only be used for reasons typically allowable through FML. Vacation, personal days, and/or comp time may be used for any of the eligible reasons noted above.**
- Pay at employee's regular rate of pay

Any additional information may be provided below. Supporting documentation may be attached as a separate document(s):

I hereby certify that the above listed information is true and correct. Further, as an employee of Ohio University, I understand that falsification of information on this leave request form may lead to disciplinary action, up to and including discharge from employment.

Employee signature: _____ Date: _____

EMPLOYEE CONTACT INFORMATION:

Employee Name (Printed): _____

Home phone: _____ Cell number: _____

Ohio University Email: _____

HR Use Only

Processed by: _____ Date entered data into Oracle: _____ Internal notification: _____