

KANSAS STATE UNIVERSITY
Families First Coronavirus Response Act (FFCRA) Leave Request Form

The Families First Coronavirus Response Act (FFCRA) provides eligible employees with emergency paid sick leave (EPSLA) and in some cases paid emergency family and medical leave (EFMLEA) for employees unable to work due to reasons related to COVID-19. Additional information and frequently asked questions about leave available under FFCRA can be found on the HCS website <https://www.k-state.edu/hcs/work-life/time-off/leave.html>.

Instructions:

Only complete this form to request leave under FFCRA. Leave requests for any other reason should be requested per your department's standard procedures. **Return the completed form to your department HCS Liaison for processing.** Contact your supervisor if you need help contacting your department HCS Liaison.

Employee and Department Information			
Employee Name:	Employee ID:	Hire Date	Supervisor Name:
Employee Best Contact Phone:	Employee K-State E-mail:	Department Name:	

Emergency Paid Sick Leave Act (EPSLA) Request Details <i>(check all that apply)</i>
<input type="checkbox"/> Quarantined by a Federal, State, or local quarantine or isolation order related to COVID-19 Order issued by: _____
<input type="checkbox"/> Advised by a health care provider to self-quarantine related to COVID-19 Advised by healthcare provider name: _____
<input type="checkbox"/> Experiencing COVID-19 symptoms and seeking a medical diagnosis Healthcare provider name: _____
<input type="checkbox"/> Caring for an individual quarantined by a Federal, State, or local quarantine or isolation order related to COVID-19 Order issued by: _____
<input type="checkbox"/> Caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19 Advised by healthcare provider name: _____
<input type="checkbox"/> Caring for my child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19
<input type="checkbox"/> Experiencing any other substantially similar condition specified by the Secretary of Health and Human Services
Effective 5/31/20, applicable accrued leave can be used to supplement EPSLA up to your regular daily rate of pay. Please indicate the order in which you wish to use your accrued leave to supplement approved EPSL leave by placing a number in the boxes (1 for leave to use first, etc.) or selecting "none" if you do not wish to use accrued leave <input type="checkbox"/> None <i>(I do not wish to supplement EPSLA with other accrued leave)</i>
<input type="checkbox"/> Comp Time <input type="checkbox"/> Holiday Comp Time <input type="checkbox"/> Vacation Leave <input type="checkbox"/> Sick Leave <i>(cannot be used for childcare reasons)</i>

Emergency Family and Medical Leave Expansion Act (EFMLEA) Request Details <i>(employees who have been on payroll 30 days)</i>
<input type="checkbox"/> Caring for my child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19
The first two workweeks of EFMLEA may be taken as EPSL, accrued leave, or leave without pay. Effective May 31, 2020, for the remaining 10 weeks of EFMLEA applicable accrued leave must be used concurrently with the EFMLEA entitlement until accrued leave is exhausted. After accrued leaves are exhausted, you will be paid for any remaining EFMLEA leave entitlements at 2/3 your regular daily rate of pay to a maximum of \$200 per day. Please indicate the order in which you wish to use your accrued leave concurrently and to supplement approved EFMLEA leave by placing a number in the boxes (1 for leave to use first, etc.)
<input type="checkbox"/> Comp Time <input type="checkbox"/> Holiday Comp Time <input type="checkbox"/> Discretionary Day <input type="checkbox"/> Vacation Leave
<div style="text-align: right; font-size: small;">Select option for first two workweeks of approved EFMLEA</div> <input type="checkbox"/> EPSLA <input type="checkbox"/> Accrued Leave <i>(in the order indicated)</i> <input type="checkbox"/> Leave Without Pay

If leave request is to care for your child, please also provide the following	
Name and age of Child(ren):	Name of the school, place of care, or childcare provider that has closed or become unavailable:
Is there another suitable person available to care for the child? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Dates of Requested Leave
List dates of requested leave. If total amount of time is currently unknown, list estimated first day of leave:

I certify that I am unable to work because of the reasons marked above and that the information contained on this form is true and correct to the best of my knowledge. For leave taken to care for another individual, I confirm that the individual is someone with whom I have a relationship, who is unable to care for themselves, and genuinely needs and depends on my care. I authorize Kansas State University to obtain and verify any necessary information regarding my request. I understand that providing false information may result in corrective action up to, and including, separation of employment. I understand that I should still follow all department policies, including call-out procedures.

Employee Signature

Date