

## Families First Coronavirus Response Act (FFCRA) Information

The [Families First Coronavirus Response Act \(FFCRA\)](#) requires certain employers like UNC-Chapel Hill to provide eligible employees with Emergency Paid Sick Leave (EPSL) and Expanded Family Medical Leave (EFML) for specified reasons related to COVID-19. These provisions will apply from May 1, 2020 through Dec. 31, 2020.

### Qualifying Reasons for FFCRA Leave Related to COVID-19

1. The employee is subject to a Federal, State, or local quarantine or isolation order related COVID-19
2. The employee has been advised by a health care provider to self-quarantine related to COVID-19
3. The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis
4. The employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
5. The employee is caring for their child(ren) whose school or place of care is closed, or whose child care provider is unavailable, due to COVID-19 related reasons
6. The employee 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

EFML is capped at 2/3 of regular pay up to \$200 daily, as is EPSL when used for Reason #5. An employee may use accrued leave or other available paid time off to supplement EPSL and/or EFML to receive their full pay.

To request EPSL and/or EFML, please complete the enclosed FFCRA Request Form and email it to [leave@unc.edu](mailto:leave@unc.edu). Before completing this form, please review the [FFCRA Web Page](#) on the UNC Human Resources website. For questions, please call Benefits & Leave Administration at 919-962-3071 or send an email to [leave@unc.edu](mailto:leave@unc.edu).

*Effective Sept. 16, 2020, the University exempts UNC-Chapel Hill School of Medicine employees whose duties or capabilities are directly related to the provision of health care services under the revised "health care providers" exemption, as well as other groups of employees who are designated under the "emergency responders" exemption, from the FFCRA because their skills and services are deemed critically necessary to fulfill the University's mission in combating the COVID-19 pandemic at this crucial time.*

### Other Leave Options

UNC-Chapel Hill offers a wide range of leave options and workplace flexibilities to assist an employee who needs to be away from the workplace due to COVID-19. These flexibilities include sick leave, vacation leave, compensatory leave, bonus leave, advancement of leave, leave under the Family and Medical Leave Act (FMLA), leave without pay, alternative work schedules and telework.

For information regarding other leave options, please review the [COVID-19 Leave Information Web Page](#) on the UNC Human Resources website. Employees should contact their supervisor and/or departmental HR Representative to discuss available leave options. For additional assistance, please or call Benefits & Leave Administration at (919) 962-3071 or send email to [leave@unc.edu](mailto:leave@unc.edu).



## Families First Coronavirus Response Act (FFCRA) Request Form

### I. EMPLOYEE DATA

<b>Employee Name:</b>		<b>PID:</b>	
<b>Empl Classification:</b>		<b>Hire Date:</b>	
<b>Empl Status:</b>		<b>Work Schedule:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Supervisor Name:</b>		<b>Supervisor Email:</b>	
<b>HR Rep Name:</b>		<b>HR Rep Email:</b>	

### II. FFCRA REASON FOR LEAVE: UNABLE TO WORK BECAUSE:

1. I am subject to a Federal, State, or local quarantine or isolation order related COVID-19
2. I have been advised by a health care provider to self-quarantine related to COVID-19
3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis
4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
5. I am caring for my child(ren) whose school or place of care is closed, or whose child care provider is unavailable, due to COVID-19 related reasons
6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury

*Reasons 1 - 3 are paid at the regular rate of pay, capped at \$511 per day. Reasons 4 - 6 are paid at 2/3 of the regular rate of pay, capped at \$200 per day.*

### III. EMERGENCY PAID SICK LEAVE (EPSL) – MAY BE USED FOR REASONS 1 – 6. EPSL MUST BE TAKEN AS CONTINUOUS/BLOCK LEAVE.

<b>EPSL Start Date:</b>		<b>EPSL End Date:</b>	
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### IV. EXPANDED FAMILY MEDICAL LEAVE (EFML) – CAN ONLY BE USED FOR REASON 5. EFML MAY BE TAKEN AS CONTINUOUS/BLOCK LEAVE OR ON AN INTERMITTENT/REDUCED SCHEDULE BASIS.

<b>EFML Start Date:</b>		<b>EFML End Date:</b>	
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**Type of Leave Requested (Check One):**      Continuous/Block Leave      Intermittent Leave      Reduced Schedule

**If you are requesting intermittent leave or a reduced work schedule, please describe your schedule below:**

### V. QUARANTINE ORDER OR SELF-QUARANTINE - *To be considered eligible for EPSL for the qualifying reason of a quarantine order or self-quarantine advice from a health care provider.*

**Contact information for the governmental entity ordering quarantine OR the health care provider advising self-quarantine:**

<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>Name of Clinic/Hospital/Telemed Service:</b>			



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<b>Full Name of Individual Subject to Quarantine (if other than employee):</b>			
<b>Relationship to Employee:</b>		<b>Date of Service:</b>	
<b>VI. SCHOOL/CHILD CARE PROVIDER FACILITY CLOSURE - <i>To be considered eligible for EPSL or EMFL for the qualifying reason of a child's school or child care provider closure or unavailability due to a public health emergency.</i></b>			
<b>Contact information for the school or child care facility that is unavailable:</b>			
<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>Full Name of Child Needing Care:</b>		<b>Child's Age:</b>	
<b>Full Name of Child Needing Care:</b>		<b>Child's Age:</b>	
<b>Full Name of Child Needing Care:</b>		<b>Child's Age:</b>	
<b>For any child older than 14, explain the special circumstances requiring you to provide care during work hours.</b>			
<b>VII. SUPPLEMENTAL LEAVE COVERAGE - <i>EFML is capped at 2/3 of regular pay up to \$200 daily, as is EPSL when used for Reason #5. An employee may use accrued leave or other available paid time off to supplement EPSL and/or EFML to receive their full pay.</i></b>			
<b>Do you plan to use available accrued leave to supplement EPSL and/or EFML?</b>		Yes	No
<b>VIII. EMPLOYEE ATTESTATION AND SIGNATURE</b>			
<p>I understand that providing false or misleading information regarding the need for any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment. If I am providing care to a child or children, I certify that no other person will be providing care to the child(ren) named above during the period for which I am receiving EPSL and/or EFML. I attest that I have not previously received FFCRA benefits through UNC-CH or another employer.</p>			
<b>Employee's Signature:</b>		<b>Date:</b>	
<b>IX. SUPERVISOR ATTESTATION AND SIGNATURE</b>			
<ul style="list-style-type: none"> <li>Is the employee unable to work or telework because of Reason 1 – 6 under the FFCRA?      Yes      No</li> <li>Is this employee a designated "Emergency Responder" or "Health Care Provider" and exempt from the FFCRA?      Yes      No</li> </ul>			
<b>Supervisor's Signature:</b>		<b>Date:</b>	
<p>This form is part of UNC-CH's Leave Administration program. Email this form to <a href="mailto:leave@unc.edu">leave@unc.edu</a>. For questions, please call Benefits &amp; Leave Administration at 919-962-3071.</p>			