

# Family First Coronavirus Response Act (FFCRA)

## *Qualifying Leave Request Form*

**Please Note**, that this form does not constitute legal advice or counsel and is being provided for educational purposes only. Please consult with your counsel.

### **What records do I need to keep when my employee takes paid sick leave or expanded family and medical leave?**

If one of your employees takes paid sick leave under the Emergency Paid Sick Leave Act, you must require your employee to provide you with appropriate documentation in support of the reason for the leave, including: the employee's name, qualifying reason for requesting leave, statement that the employee is unable to work, including telework, for that reason, and the date(s) for which leave is requested. Documentation of the reason for the leave will also be necessary, such as the source of any quarantine or isolation order, or the name of the health care provider who has advised you to self-quarantine. For example, this documentation may include a copy of the Federal, State or local quarantine or isolation order related to COVID-19 applicable to the employee or written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19. If you intend to claim a tax credit under the FFCRA for your payment of the sick leave wages, you should retain this documentation in your records. You should consult Internal Revenue Service (IRS) applicable forms, instructions, and information for the procedures that must be followed to claim a tax credit, including any needed substantiation to be retained to support the credit.

If one of your employees takes expanded family and medical leave to care for his or her child whose school or place of care is closed, or child care provider is unavailable, due to COVID-19, under the Emergency Family and Medical Leave Expansion Act, you must require your employee to provide you with appropriate documentation in support of such leave, just as you would for conventional FMLA leave requests. For example, this could 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. This requirement also applies when the first two weeks of unpaid leave run concurrently with paid sick leave taken for the same reason. If you intend to claim a tax credit under the FFCRA for the expanded family and medical leave, you should retain this documentation in your records. You should consult IRS applicable forms, instructions, and information for the procedures that must be followed to claim a tax credit, including any needed substantiation to be retained to support the credit.

# **Family First Coronavirus Response Act (FFCRA)**

## *Qualifying Leave Request Form*

April 01, 2020 through December 21, 2020

*Available to all Full and Part Time Employees*

Employee Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Position: \_\_\_\_\_

Dealership: \_\_\_\_\_

Under the FFCRA, eligible employees may be entitled to two types of paid leave. The first is paid sick leave, which you are permitted to use up to 10 days (80 hours). The second is for Emergency Family Medical Leave (EFMLA) to care for your son or daughter for up to 12 weeks (10 weeks paid). Each of these is discussed in more detail below.

### **Emergency Paid Sick Leave Request**

Eligible employees may receive up to two weeks (maximum 80 hours) of paid sick leave if the employee meets any of the following qualifications:

- (1) The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19;
- (2) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
- (3) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;
- (4) The employee is caring for an individual who is subject to an order or self-quarantine as described above;
- (5) The employee is caring for a son or daughter if school or child care is closed/unavailable; or
- (6) The employee is experiencing "any other substantially similar condition" specified by HHS.

Employees who qualify for reasons (1) – (3) are entitled to their regular rate of pay up to the thresholds outlined by the FFCRA. Employees who qualify for reasons (4) – (6) are entitled to two-thirds of their regular rate of pay up to the thresholds outlined by the FFCRA. Based on this information, please complete the following:

Qualifying Reason	Number of Days/Hours requested

Any additional information you believe is necessary:

*Please note you will be asked to provide supporting documentation for your request. Please consult with the HR Manager for more information.*

### **Emergency Family Medical Leave Act Request**

Eligible employees who have been employed by the dealership for at least 30 calendar days are entitled to 12 weeks of job protection. However, only 10 weeks of that protection will be paid at two-thirds of the employee's regular rate of pay up to the thresholds outlined by the FFCRA. An employee qualifies for the leave if the employee is unable to work due to the 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 an emergency with respect to COVID-19 declared by a federal, state, or local authority.

Qualifying Reason	Number of Days/Hours requested
<input type="radio"/> Child's School has Closed <input type="radio"/> Other Childcare situation (please describe below)	
Any additional information you believe is necessary:	

*Please note you will be asked to provide supporting documentation for your request. Please consult with the HR Manager for more information.*

You may, but are not required, to supplement the first 10 days (80 hours) of unpaid leave with either the emergency sick leave coverage or any accrued PTO, vacation, or sick leave. Please indicate if you would like to supplement the first 10 days (80 hours) and if so what type of leave you wish to use.

- Emergency Sick Leave (complete the request above)
- Any accrued PTO, vacation, or sick leave
- Unpaid

- The FFCRA permits an employee to take leave intermittently though some limitations apply. Any intermittent leave must be approved by the employer. If you wish to take intermittent leave, please check where indicated.

Provide your requested intermittent leave schedule.

#### FFCRA Pay Thresholds

	Maximum Daily Pay	Maximum Aggregate Pay
<b>Paid Sick Leave – Full Time – Reasons (1) – (3)</b>	Regular rate of pay or \$511/day, whichever is less	Regular rate of pay or \$5,110, whichever is less
<b>Paid Sick Leave – Full Time – Reasons (4) – (6)</b>	2/3 of regular rate of pay or \$200 pay, whichever is less	2/3 of regular rate of pay or \$2,000, whichever is less
<b>EFMLA Leave – Days 1-10 (Hours 0-80)</b>	\$0.00 – Unpaid	\$0.00 – Unpaid
<b>EFMLA Leave – Days 11 - 60</b>	2/3 of regular rate of pay or \$200, whichever is less	2/3 of regular rate of pay or \$10,000, whichever is less.

By signing below, I acknowledge that I am unable to work, including telework, for the reason state above. I hereby state that I am being truthful and that any omission or misstatement in this request may be subject to disciplinary action up to and including termination.

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Employee's Signature

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Date