Paid Sick Leave Benefits Under the Federal Families First Coronavirus Response Act of 2020

Effective April 1, 2020, the federal Families First Coronavirus Response Act (“FFCR Act”) requires employers to provide additional paid sick leave for specific reasons related to COVID-19. This leave is available until December 31, 2020.

The federal Family and Medical Leave Act (FMLA) also has been amended to expand qualifying events for which employees may take time off from work. Employees* may now request time off to care for children due to qualifying needs related to a public health emergency until December 31, 2020. The FMLA provides individuals up to 12 weeks of unpaid leave during his/her absence from work. However, under the FFCR Act, employees may use paid leave benefits (explained below) for which they qualify to replace any unpaid FMLA leave.

The available paid leave is explained below.

• **Emergency Paid Sick Leave Act (EPSL):**
  - Employees are eligible for a **combined total of two weeks** for qualified reasons (see chart on next pages).
  - The leave is paid at the employee’s **regular rate of pay or 2/3 the regular rate of pay**, depending on the qualifying reason.

• **Emergency Paid Family and Medical Leave Expansion Act (EFMLA):**
  - Employees are eligible for an additional 10 weeks of paid sick leave for certain conditions related to the care of a child in response to COVID-19 (see chart on next pages).
  - Sick leave is paid at 2/3 of an employee’s regular rate of pay, subject to maximum daily payment.

This Leave:

- Requires employees to apply for the benefit (see form on page 5 to be sent to the Health and Benefits Office).
- Is allowed **before** the use of any other accrued leave. Therefore, an employee does not have to use his/her own accrued sick leave or any other leave before requesting the leave categories described above.
- Cannot be used retroactively.

---

* For the purposes of this Notice, employees include both Merit System and Contract employees as defined in Practice 2-16 (Seasonal/Intermittent, Term, and Temporary).
- Is in addition to the agency provided Social Distancing Leave/pay of 40 hours which was previously granted to employees.

- Any paid leave provided under the EPSL or EFMLA runs concurrently with any Family Leave Act entitlement of 12 weeks.

- Leave may be taken intermittently or on a continuous basis, subject to meeting the qualifying requirements.

Employees should provide notice of anticipated leave as soon as possible and may be required to follow reasonable notice procedures in order to continue receiving paid sick time. Paid sick time provided under this Act does not carryover from one year to the next and employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment. To determine the leave applicable under the Act, please see the following pages.

---

### Emergency Paid Sick Leave Act (EPSL)— Employees are eligible for a combined total of two weeks for reasons described in #1 and #2

<table>
<thead>
<tr>
<th>1. <strong>Employee’s own condition:</strong> If an employee (Merit System or Contract*) is unable to work or telework because the employee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Is subject to a federal, state, or local government quarantine or isolation order related to COVID-19; or</td>
</tr>
<tr>
<td>B. Has been advised by a healthcare provider to self-quarantine related to COVID-19; or</td>
</tr>
<tr>
<td>C. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis.</td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid sick leave provisions are applicable to all employees, regardless of the length of employment.</td>
</tr>
<tr>
<td>- <strong>Full-time employees</strong> (those regularly scheduled for 40 hours/workweek): Are entitled to up to 80 hours of paid sick leave.</td>
</tr>
<tr>
<td>- <strong>Part-time employees</strong> (those regularly scheduled to work less than 40 hours/workweek): Are entitled to a prorated amount of paid sick leave based on the average number of hours worked over a two-week period.</td>
</tr>
</tbody>
</table>

**To apply for this benefit, employees will need to complete the form which follows this chart. Information requested includes:**

- Qualifying reason.
- Dates of the requested leave.
- Documents supporting qualifying reason (see form below).
- Statement the employee is unable to be at the worksite or telework.

---

*Contract employees are those individuals hired into Seasonal/Intermittent, Term, or Temporary employment categories as defined by agency policy (Practice 2-16).
2. If an employee (Merit System or Contract*) is unable to work or telework because the employee:

   A. Is caring for an individual subject to a federal, state, or local government quarantine or isolation order related to COVID-19; or

   B. Is caring for an individual who has been advised by a healthcare provider to self-quarantine related to COVID-19; or

   C. Has a bona fide need for leave to care for a child whose school or place of care is closed, or childcare provider is unavailable for reasons related to COVID-19; or,

   D. 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.

- **Full-time employees** (those regularly scheduled for 40 hours/workweek): Are entitled to up to 80 hours of paid sick leave (EPSL).

- **Part-time employees** (those regularly scheduled to work less than 40 hours/workweek): Are entitled to a prorated amount of sick leave based on an average number of hours worked over the prior two-week period.

Both full-time and part-time employees are entitled to be paid:

1. Two-thirds of the employee’s regular rate of pay for
2. (A) the number of hours the employee normally works; or
   (B) the number of hours the employee would have worked is the employee would not have taken leave.

The paid leave required by the section shall not exceed $200 per day and $10,000 in the aggregate. These paid sick leave provisions are applicable to all employees regardless of the length of employment.

To apply for this benefit, employees will need to complete the form which follows this chart. Information requested includes:

- Qualifying reason.
- Dates of the requested leave.
- Documents supporting qualifying reason (see form below).
- Statement the employee is unable to be at the worksite or telework.

*Contract employees are those individuals hired into Seasonal/Intermittent, Term, or Temporary employment categories as defined by agency policy (Practice 2-16).
If an employee (Merit System or Contract*) has exhausted the paid sick leave available under Emergency Paid Sick Leave (Sections 1 or 2 above), and is unable to work or telework because the employee:

A. Has a bona fide need for leave to care for a child whose school or place of care is closed, or childcare provider is unavailable for reasons related to COVID-19;

   and

B. Has been employed for at least 30 calendar days.

If both 2a and 2b are met, the employee is eligible for up to 10 weeks of paid leave under the Emergency Paid Family and Medical Leave Expansion Act as described in the right column.

For this provision, employees must be employed for at least 30 days prior to their leave request.

Both full-time and part-time employees are entitled to ten (10) additional weeks of leave calculated:

1. at an amount not less than two-thirds of the employee’s regular rate of pay; and
2. (A) the number of hours the employee normally works; or
   (B) the number of hours the employee would have worked if the employee would not have taken leave.

The paid leave required by this section shall not exceed $200 per day and $10,000 in the aggregate.

To apply for this benefit, employees will need to complete the form which follows this chart. Information requested includes:
- Qualifying reason.
- Dates of the requested leave.
- Documents supporting qualifying reason (see form below)
- Statement the employee is unable to be at the worksite or telework.

*Contract employees are those individuals hired into Seasonal/Intermittent, Term, or Temporary employment categories as defined by agency policy (Practice 2-16).
**Employee Name:**  
**Employee ID:**  
**Supervisor’s Name:**  
**Supervisor’s Phone Number:**  
**Employee Status**  
**Merit Employee:**  
- **Full Time:** □ works 40hrs/week  
- **Part-Time:** □  
**Contract Employee:**  
- **Term** □  
- **Seasonal/Intermittent:** □  
- **Temporary (Non-Agency):** □  
**Position Title:**  
**Home Address:**  
**Home Phone Number:**  
**Cell Phone:**  
**Email Address:**  
**Anticipated Begin Date of Leave:**  
**Expected End Date of Leave:**  

Per Commission Notice, all employees* may be eligible for:  
- Up to 2 weeks of Emergency Paid Sick Leave under the Family First Act.  
- Up to 10 weeks of partially paid Sick Leave available under the Emergency Family Medical Leave Expansion Act.  

*The new laws permit Merit and Contract (Term, Seasonal/Intermittent, and Temporary) to apply for leave. Please check qualifications as described in the notice before completing this form.

- □ I attest to the fact that I am unable to work or telework  

I further attest to the fact that I am unable to work (or telework) for the following reason:  

1. □ I am subject to a federal, state, or local quarantine or isolation order related to COV-ID-19 (EPSL).  
Name and phone number of medical care provider: ______________________________________  
________________________________________________________________________________  
________________________________________________________________________________  

2. □ I have been advised by a health care provider to self-quarantine related to COV-ID-19 (EPSL).  
Name and phone number of medical care provider: ______________________________________  
________________________________________________________________________________  
________________________________________________________________________________  

3. □ I am experiencing COV-ID-19 symptoms and am seeking a medical diagnosis (EPSL).  
Name and phone number of medical care provider: ______________________________________  
________________________________________________________________________________  
________________________________________________________________________________  

4. □ I am caring for an individual subject to a quarantine or isolation order, or who has been advised to self-quarantine (EPSL).  
Name and phone number of medical care provider: ______________________________________  
________________________________________________________________________________  
________________________________________________________________________________  

□
5.  □ I am caring for a child whose school or care provider is closed or unavailable due to COVID-19 related reasons. (EPSL -First 2 weeks) + (EFMLA- Up to 10 additional weeks)
Name and address of school or care provider: __________________________________________
________________________________________________________________________________
________________________________________________________________________________

□ I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. (EPSL)
Name and phone number of medical care provider: ______________________________________
________________________________________________________________________________
________________________________________________________________________________

Submittal of Request and Supporting Documentation Required
You must submit this request form and any supporting documentation by scanning and sending to the Health & Benefits Office (benefits@mncppc.org).

Supporting documentation for school or care provider closure/unavailability includes a notice that has been posted on a government, school, or day care website, or published in a newspaper or an email from a school official or child care provider. If you provide the name and phone number of the medical provider who issued the quarantine or isolation order, this will be sufficient documentation at this time. Supporting documentation must be submitted within 15 days to the Health & Benefits Office (benefits@mncppc.org). Failure to submit the required documentation may result in the denial of your request for leave.

I certify that the above information is accurate and complete. I understand that if any of the information above is not accurate that the employer may take corrective action.

If I am applying for leave under the Emergency Family and Medical Leave Expansion Act (EFMLA) for the purpose of caring for my child whose school or place of care is closed (or child care provider is unavailable), I understand that the first two weeks will be paid under EPSL regardless of my length of service. I also understand that the additional benefit, up to 10-weeks paid leave, requires employment with the Maryland-National Park and Planning Commission for 30 days. If this applies to me, I further certify that I have been employed with the Maryland-National Capital Park and Planning Commission for at least 30 days.

Employee Signature: ____________________________ Date: __________

Health & Benefits Office Signature: ____________________________ Date: __________
2020 COVID-19 Federal Emergency Paid Sick Leave Qualifying Reasons for Employee Leave*

1. **You are Quarantined and are not able to work/telework**
   - You are under COVID-19 Quarantine/Isolation Order from Federal, State, Local declaration OR advised by a health care provider to self-quarantine.
   - You can receive up to 80 hours of sick leave (pro-rated for part-time) at 100% of your pay rate.

2. **You are Sick and are not able to work/telework**
   - You are experiencing COVID-19 symptoms AND are seeking a medical diagnosis.
   - You can receive up to 80 hours of sick leave (pro-rated for part-time) at 100% of your pay rate.

3. **You are Caring for a Family Member and are not able to work/telework**
   - You are experiencing “substantially-similar” condition specified by the U.S. Dept of Health and Human Services.
   - You can receive up to 80 hours of sick leave (pro-rated for part-time) at 2/3 of your pay rate, up to a cap of $200 daily (Maximum of $2,000 for 80 hours.)
   - You are caring for your child whose school/daycare is closed due to COVID-19 related reasons.
   - You can receive up to 80 hours of sick leave (pro-rated for part-time) at 2/3 of your pay rate, up to a cap of $200 daily (Maximum of $2,000 for 80 hours.)
   - You are caring for an individual who is under health care provider-advised, Federal, State or Local Quarantine/Isolation Order.
   - You can receive up to 80 hours of sick leave (pro-rated for part-time) at 2/3 of your pay rate, up to a cap of $200 daily (Maximum of $2,000 for 80 hours.)

*Note: The Emergency Paid Sick Leave (EPSL) can only be used for a total of two weeks (up to 80 hours) in calendar 2020. The Expanded FMLA leave is the only new federal leave that can be used in addition to the EPSL, under certain conditions. All EPSL and EMFLA leave must first be approved by your supervisor, Division of Human Resources and Department Head as applicable.
Examples of COVID-19 Leave Scenarios*

**Scenario 1**
Employee is subject to quarantine by Federal, State, Local or health care provider.
Leave that can be used:
- Federal Emergency Paid Sick Leave (EPSL) – up to 80 hours at 100% pay rate
- MNCPCC Social Distancing Leave – up to 40 hours
- Liberal Leave – any leave accrued by employee

Leave can be used in any order the employee wishes to use their leave. The EPSL and Social Distancing Leave expire at the end of the 2020 Calendar year.

**Scenario 2**
Employee is ill – either diagnosed with COVID-19 or showing substantially similar symptoms.
Leave may include a combination up to 12 weeks consisting of:
- Federal Emergency Paid Sick Leave (EPSL) – up to 80 hours (pay rate of 100% or 2/3rd pay rate depending if medical diagnosis is sought)
- MNCPCC Social Distancing Leave – up to 40 hours
- Liberal Leave – any leave accrued by employee
- Leave Without Pay

Leave can be used in any order the employee wishes to use their leave. The EPSL and Social Distancing Leave expire at the end of the 2020 Calendar year.

**Scenario 3**
Employee is taking care of ill family member either diagnosed with COVID-19 or showing substantially similar symptoms.
Leave may include a combination up to 12 weeks consisting of:
- Federal Emergency Paid Sick Leave (EPSL) – up to 80 hours (at 2/3rd pay rate with a cap of $200 daily or $2,000 for a maximum of two weeks)
- MNCPCC Social Distancing Leave – up to 40 hours
- Liberal Leave – any leave accrued by employee
- Leave Without Pay

Leave can be used in any order the employee wishes to use their leave. The EPSL and Social Distancing Leave expire at the end of the 2020 Calendar year.

**Scenario 4**
Employee is taking care of child under 18 whose school/daycare is closed due to COVID-19 public health emergency.
Leave that can be used:
- Federal Emergency Paid Sick Leave (EPSL) – up to 80 hours (at 2/3rd pay rate with a cap of $200 daily or $2,000 for a maximum of two weeks)
- MNCPCC Social Distancing Leave – up to 40 hours
- Liberal Leave – any leave accrued by employee
- Emergency Paid Family and Medical Leave Expansion Act (EFMLA) – up to 10 weeks (2/3rd pay rate with a cap of $200 daily for a maximum of $10,000 for 50 days)

Leave can be used in any order the employee wishes to use their leave. The EPSL and Social Distancing Leave expire at the end of the 2020 Calendar year.

**Scenario 5**
Employee wants to practice social distancing but is not ill or quarantined.
Leave that can be used:
- MNCPCC Social Distancing Leave – up to 40 hours
- Liberal Leave – any leave accrued by employee

Leave can be used in any order the employee wishes to use their leave. This scenario does not qualify an employee to use the EPSL leave.

*All leave must be approved by your supervisor, Division of Human Resources and Department Head, as applicable.*