



Director of State Courts Office, Office of Management Services

Request for Leave under the Families First Coronavirus Response Act (FFCRA) related to the Coronavirus Disease COVID-19

Employee Name:	Date:
Supervisor/Judge:	Work Location:

I am requesting to use Paid SICK leave under the Families First Coronavirus Response Act (FFCRA) for one of the following qualifying reasons (please check one):*

____ 1. I am subject to a federal, state, or local quarantine or isolation order due to COVID-19.
 a. The quarantine period is scheduled to end (date MM/DD/YYYY) _____.

____ 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 a. The quarantine period is scheduled to end (date MM/DD/YYYY) _____.

____ 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 a. Symptoms of COVID-19 stated on (date MM/DD/YYYY) _____.
 b. I have ___ have not ___ been in contact with a health care provider.

____ 4. I am caring for an individual subject to an order described in (1) ___ or self-quarantine as described in (2) ___;
 a. The quarantine will end (date MM/DD/YYYY) _____.

____ 5. I am caring for my child** because the school or place of care for the child has been closed, or the childcare provider is unavailable, due to COVID-19 precautions.
 a. The anticipated need to care for my child will end date MM/DD/YYYY _____.

____ 6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and the Secretary of Labor.

Employee Signature _____ Date _____

Human Resources Approval _____ Date _____

*Employees may be required to submit documentation confirming they meet one of the qualifying reasons above.

**biological, adopted, or foster child, your stepchild, a legal ward, or a child for whom you are standing in loco parentis—someone with day-to-day responsibilities to care for or financially support a child.



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Extended Leave of Absence:

An extended leave of absence related to the Coronavirus Disease COVID-19 can be requested for the following reasons:

- If you would like to take an extended leave of absence from work because you do not feel safe at work because of the Coronavirus Disease COVID-19.
- If you have exhausted or are ineligible for leave using the Families First Coronavirus Response Act (FFCRA) and the Family and Medical Leave Act (FMLA) and need additional leave for a qualifying reason covered by the FFCRA.

To request an extended leave of absence related to the Coronavirus Disease COVID-19, please contact Paul Stahmer in Human Resources.

Definitions - Families First Coronavirus Response Act (FFCRA)

Qualifying reasons:

- 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 as described in (2);
- 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;
- 6) or 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.

Duration of Leave (See above qualifying reasons):

- For reasons (1)-(4) and (6): A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
- For reason (5): A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Pay calculation (See above qualifying reasons):

- For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).



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- For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).
- For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

All questions regarding the FFCRA should be directed to Paul Stahmer in Human Resources by email paul.stahmer@wicourts.gov or calling (608) 267-7341.