

EMERGENCY PAID LEAVE REQUEST

You must complete ALL highlighted parts of your request, as incomplete request may be denied.

PART A:

Employee Name (Last, First, MI)		Empl ID	Primary Phone: Email to contact you:		
Department & Work Location	Current Job Title	Date of Hire	Current Supervisor	Typical Hours worked per day	

IMPORTANT INSTRUCTIONS – READ CAREFULLY:

1. ALL Employees are expected to continue to work (telework where available) when possible.
2. Most employees may be eligible for emergency paid leave (Emergency Paid Sick Leave (**EPSLA**) and Emergency Paid Family & Medical Leave (**EFMLEA**) benefits) under FFCRA. **Use this form to request these benefits.**
3. Read "Guidance for Exposure to COVID-19 and Leave Time as Determined by FFCRA" for more detailed information.
4. **All employees may be eligible for EPSLA benefits.** Complete the form (**Parts A, B, C & D**) in full, review it with your supervisor to obtain approval, and submit to CONTACTHR@CO.RAMSEY.MN.US for processing. HR will notify you whether you are approved for this leave.
5. County emergency and health care workers working in the following facilities are ineligible for EFMLEA:
 Adult Detention Center, Correctional Facility, Juvenile Detention Center, Care Center, Detoxification Center, Emergency Communications Center, Lake Owasso Residence, Medical Examiner and Sheriff's Offices.
EMPLOYEES WORKING AT THESE FACILITIES SHOULD NOT REQUEST EFMLEA, IT WILL BE DENIED.

 Employees working at these facilities are eligible for the following:
 - Are eligible for up to two weeks/80 hours of (EPSLA) (complete form as instructed above).
 - Are eligible for the County's PEPEL leave.

I am requesting (CHECK ONE) DISCUSS WITH YOUR SUPERVISOR PRIOR TO SUBMISSION. <input type="checkbox"/> Continuous Leave Reason: <input type="checkbox"/> Intermittent Leave; Detail of proposed schedule:	My leave begins (no earlier than 4/1/20) and expected return dates are: Continuous leave to start: Return to work date: Intermittent leave to start: Return to work date:
<input type="checkbox"/> I am requesting an extension for leave due to school closing/childcare. I have updated the extended begin/return dates above.	
<input type="checkbox"/> I am currently working/teleworking (including redeployment assignments).	
<input type="checkbox"/> If you are no longer able to work, tell us why:	

Employee Signature	Date
<input type="checkbox"/> Type in name:	

By checking the above box, I certify and authorize this request for leave in its entirety for a covered reason under the Families First Coronavirus Response Act (FFCRA) as stated below. I agree to provide additional documentation to support this leave if requested and I acknowledge: 1) If I don't comply, I may be denied this leave; 2) I am responsible to follow department call-in procedures; and 3) I may be subject to discipline, up to and including termination of employment for falsifying my need for leave under the FFCRA.

Supervisor Signature	Date:
<input type="checkbox"/> Type in name:	

By checking the above box, I certify I have reviewed this request and approve the proposed intermittent or continuous schedule.

Employee Name (Last, First, MI)	Empl ID						
<input type="checkbox"/> PART B: Check here if you are requesting EMERGENCY PAID SICK LEAVE <i>(maximum of 80 hours based on full-time status)</i> Select one or more of the following reasons for why you are unable to work or telework on or after April 1, 2020. You must complete <u>ALL</u> highlighted parts of your request, as incomplete request may be denied.							
<input type="checkbox"/> 1.	I am subject to federal, state, or local quarantine or isolation order related to COVID–19. NOTE: As Ramsey County is open for business, county employees are generally exempted from this provision ; if an employee selects this alternative, provide the reason for this request here: Select one of the following: <input type="checkbox"/> State of MN as of 3/28/20 <input type="checkbox"/> State of WI as of 3/25/20 Other AS OF DATE:						
<input type="checkbox"/> 2.	I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19. Please provide date, name and address of health care professional:						
<input type="checkbox"/> 3.	I am experiencing symptoms of COVID–19 and seeking a medical diagnosis. Please provide date, name and address of health care professional:						
<input type="checkbox"/> 4.	I am caring for an individual who is subject to either number 1 or 2 above. Complete information in 1 or 2 above. Provide Full Name and relationship to employee: Describe the circumstances related to COVID-19:						
<input type="checkbox"/> 5.	<input type="checkbox"/> I am caring for a child due to a school closure due to COVID–19. Date school year ends: <input type="checkbox"/> I am caring for a child due to unavailability of child care specifically due to COVID–19. Provide dates of closure: _____ to _____ Describe the circumstances related to COVID-19: Select each applicable statement: <input type="checkbox"/> I certify that no other person will be providing care for the child during the period for which I am receiving paid leave. <input type="checkbox"/> <i>Special circumstances exist that require that I provide care for a child older than fourteen. Describe these circumstances:</i>						
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Names and ages of children:</td> <td style="width:50%; border: none;">Names of school/places of care that are closed:</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	Names and ages of children:	Names of school/places of care that are closed:				
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<input type="checkbox"/> 6.	I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.						
<input type="checkbox"/> PART C: Check here if you are requesting EMERGENCY PAID FAMILY & MEDICAL LEAVE <i>(maximum of 10 weeks in addition to Emergency Paid Sick Leave based on full-time status)</i>							
An employee may be eligible to receive both Emergency Paid Sick Leave and Emergency Paid Family and Medical Expansion Leave if caring for a child due to a school closure or childcare provider unavailability due to COVID–19.							
I am caring for a child due to a school closure or childcare provider unavailability due to COVID–19. Select applicable statement: <input type="checkbox"/> I certify that no other person will be providing care for the child during the period for which I am receiving paid leave. <input type="checkbox"/> Special circumstances exist that require that I provide care for a child older than fourteen. <i>Describe these circumstances:</i>							
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Employee Name (Last, First, MI)	Empl ID
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PART D: SUPPLEMENTAL PAY

Instructions: An employee can choose to supplement their wages to 100%; to do so, complete the following section.

1. Indicate choices in rank order (e.g. 1, 2, 3, 4); employee does not have to use all these choices, they are at employee discretion. **Pandemic Emergency Paid Employee Leave (PEPEL) time is required to be used first.**
2. Human Resources will review eligibility for these benefits as well as employee balances as of the last payroll before instructing department payroll contacts how to assign use of accrued time.

<input type="checkbox"/> YES, I wish to be paid equal to 100% of my wage. Use PEPEL and my accrued paid leave to supplement my wages to 100% for the duration of my leave in the following order, beginning with #2.	<input type="checkbox"/> NO, I do not want to use PEPEL or accrued paid leave to supplement my wages to 100%
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- For reasons 1, 2, & 3 the first two weeks of federal **Emergency Paid Sick Leave** is paid at 100% up to \$511 daily; Thereafter to receive up to 100% of pay, an employee would need to supplement with their PEPEL and accrued leave balances. **
- For reasons 4, 5 & 6 the first two weeks of federal **Emergency Paid Sick Leave** is paid at 2/3 an employee’s wage up to \$200 daily. Thereafter to receive up to 100% of pay, an employee would need to supplement with their PEPEL and accrued leave balances. **
- For only reason 5, may I request up to an additional 10 weeks of federal **Emergency Paid Family and Medical Expansion Leave** paid at 2/3 my wage up to \$200 daily. Thereafter to receive up to 100% of pay, an employee would need to supplement with their accrued leave balances. **

①	PEPEL will be used before all other accrued balances		Compensatory Time
	Accrued Sick Leave		Holiday Reserve
	Accrued Vacation		Approved Sick Leave Advance
	Floating Holiday		Approved Vacation Advance

NOTE: when all the above have zero balances, an unpaid leave may be available.

**See Guidance for Exposure to COVID-19 and Leave Time as determined by FFCRA.