

EMPLOYEE LEAVE – COUNCIL INTERNAL TRACKING SHEET

Employee Name: _____

Consider 1-5 below for each leave request. If the employee is not requesting or not eligible for that type of leave/benefit, move on.

1. FFCRA Paid Sick Leave (EPSL)

Employees may be eligible for up to two weeks (80 hours maximum) of EPSL. The employee must be unable to work (or telework) while taking the leave. The regular rate of pay is calculated under federal regulations. Employee may choose to use PTO or other Council-provided paid benefits in lieu of EPSL. See the DOL poster or Employee Request Form for Reasons 1-6.

Is Employee Requesting EPSL? ☐ **NO** (*move on to EFMLEA section*) ☐ **YES** (*continue*)

Reason (pick one): ☐1 ☐2 ☐3 (*100% of regular rate of pay, up to \$511/day*)

☐4 ☐5 ☐6 (*2/3 of regular rate of pay, up to \$200/day*)

Date of Request ____/____/2020 **Est. Return to Work** ____/____/2020 **EPSL Exhausted** ____/____/2020

Appropriate Documentation Requested ____/____/2020 **Received** ____/____/2020

2. FFCRA Expanded/Emergency FMLA Leave (EFMLEA)

Employees who have at least 30 days of service may be eligible for up to 12 weeks of EFMLEA if they are unable to work (or telework) to care for their child(ren). The first ten days are unpaid, but the employee may choose to use PTO or EPSL Reason #5 for paid leave for the first two weeks. The Council may require concurrent use of PTO only if required under current policy, or the employee may request it. The Council and employee may agree on an intermittent schedule. The employee is not eligible for EFMLEA if the employee has exhausted traditional FMLA.

Is Employee Requesting EFMLEA: ☐ **NO** (*move on to PTO section*) ☐ **YES** (*continue*)

Date of Request ____/____/2020 **Expected return to work** ____/____/2020

Concurrent Use: ☐ No ☐ Yes, with EPSL #5 ☐ Yes, with PTO

Appropriate Documentation Requested ____/____/2020 **Received** ____/____/2020

Eligible for ____ **weeks** (*up to 12 weeks, including but not in addition to any traditional FMLA the employee has used*)

Intermittent Leave: ☐ No ☐ Yes, written understanding in personnel file

3. Traditional FMLA

If the employee requires leave due to the birth, adoption, or foster care of a child, the employee's serious health condition (including severe COVID-19 symptoms), or an immediate family member's serious health condition (potentially including severe COVID-19 symptoms), the employee may be eligible for unpaid FMLA leave under existing Council policies.

Requesting FMLA: ☐ **NO** (*move on to Benefits*) ☐ **YES** (*complete Council's standard FMLA paperwork*)

4. Council-Provided Benefits

If the Council offers any paid or unpaid leaves of absence, sick pay, vacation time or other benefits allowing employees to be out of the office and not working ("PTO"), consider whether the employee is requesting or eligible to use any of that time. Follow normal Council policies regarding PTO. If the employee has health insurance, dental/vision, life insurance, AD&D, or other benefits, consider whether the Council and employee are required or permitted to continue benefits while the employee is out on leave.

PTO Available: ☐ No ☐ Yes, following current policy ☐ Other, documentation in personnel file

Benefits Continue: ☐ No ☐ Yes, Council pays 100% of benefits ☐ Yes, Council pays ____% per current policy
☐ Other, documentation in personnel file

5. Other

Does the employee have other benefits or special considerations? ☐ No ☐ Yes, documentation on file

Does the employee need to reimburse the Council for benefits while out on leave? ☐ No ☐ Yes, documentation on file

REMINDER: Consult current federal and state laws, rules, and regulations regarding employee eligibility for leave. 04/2020