

# FEDERAL EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires the Federal government to provide all of its employees with paid sick leave and, for employees who are covered under Title I of the Family and Medical Leave Act (FMLA), with expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ► PAID LEAVE ENTITLEMENTS

Generally, the Federal government must provide Federal employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total; and
- $\frac{2}{3}$  for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total.

Federal employees including those not covered under Title I of the FMLA can receive either  $\frac{2}{3}$  of the higher of their regular rate of pay, or the applicable state or Federal minimum wage for the two-week period for qualifying reason #5 below. However, for leave under qualifying reason #5, Federal employees covered under Title I of the FMLA can receive 10 additional weeks of expanded family and medical leave for reason #5 below, up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ► ELIGIBLE EMPLOYEES

All Federal employees are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Federal employees who are covered under Title I of the FMLA and have been employed for at least 30 days prior to their leave request are eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

Most federal employees are not covered under Title I of the FMLA and so would not be eligible for partially paid expanded family and medical leave. Please consult with your agency to determine whether you are covered under Title I of the FMLA. The Office of Personnel and Management will issue guidance on this question.

### ► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

A Federal employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
|---|---|

### ► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA for Federal employers covered under Title I of the FMLA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Federal employers covered under Title I of the FMLA in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:

**1-866-487-9243**

TTY: 1-877-889-5627

[dol.gov/agencies/whd](https://dol.gov/agencies/whd)



WH1423 REV 03/20

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT (HR 6201) LEAVE OPTIONS**

I, \_\_\_\_\_, am requesting to use Paid SICK leave under the Families First Coronavirus Response Act (HR 6201) for one of the following reasons (please initial one):

1. \_\_\_\_\_ I am subject to a federal, state, or local quarantine or isolation order due to COVID-19. The quarantine period is scheduled to end \_\_\_\_\_.

**You are eligible for 80 hours of Paid sick at your regular rate of pay without using your accruals. \***

2. \_\_\_\_\_ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. The quarantine period is scheduled to end \_\_\_\_\_.

**You are eligible for 80 hours of Paid sick at your regular rate of pay without using your accruals. \***

3. \_\_\_\_\_ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. I have/have not been in contact with a physician.

**You are eligible for 80 hours of Paid sick at your regular rate of pay without using your accruals. \***

4. \_\_\_\_\_ I am caring for an individual who is subject to an order as provided in (1) or has been advised as per (2). The quarantine will end \_\_\_\_\_.

**You are eligible for 80 hours of paid sick time at 2/3 of your regular rate of pay without using your accruals. \*\***

5. \_\_\_\_\_ I am caring for a son or daughter because the school or place of care for the child has been closed, or the childcare provider is unavailable, due to COVID-19 precautions. The anticipated need to care for my son or daughter will end \_\_\_\_\_.

**You are eligible for 80 hours of paid sick time at 2/3 of your regular rate of pay without using your accruals. \*\***

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.

**You are eligible for 80 hours of paid sick time at 2/3 of your regular rate of pay without using your accruals. \*\***

7. \_\_\_\_\_ I am sick and unable to perform my regular job responsibilities and **I DO NOT** meet any of the conditions set forth in 1-6 above. You must provide a doctor's note. I expect to return to work on \_\_\_\_\_.

**You are eligible to use your accrued paid sick time and any other accrued leave you have available until exhausted. \*\***

8. \_\_\_\_\_ I do not meet any of the requirements above but would like to take a leave of absence from work because I do not feel safe at work because of the coronavirus. I am requesting leave until \_\_\_\_\_ and will keep the City updated of any changes.

**You are not eligible for additional paid sick time. You may use vacation and/or personal leave and then go on an unpaid leave.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date