

## **PURPOSE:**

Chatham Area Transit will follow the requirements of the **Families First Coronavirus Response Act (FFCRA)**. The FFCRA creates two new emergency paid leave requirements in response to the COVID-19 global pandemic that will remain in effect from April 1, 2020 through December 31, 2020.

## **DEFINITIONS**

None.

## **SPECIFICS:**

“The Emergency Paid Sick Leave Act” (EPSLA) entitles certain employees to take up to two weeks of paid sick leave. “The Emergency Family and Medical Leave Expansion Act” (EFMLEA) amends Title I of the Family and Medical Leave Act, 29 U.S.C. 2601 et seq. (FMLA) and permits certain employees to take up to twelve weeks of expanded family and medical leave, ten of which are paid, for specified reasons related to COVID-19.

FFCRA covers all full-time and part-time employees of CAT.

## **PROCEDURE**

### 1. The Emergency Paid Sick Leave Act (EPSLA)

Full time employees are eligible for 80 hours of paid sick pay and part-time employees are eligible for a pro-rated portion of hours based on the average number of hours they work over a typical two-week period.

Eligible reasons for receiving EPSLA Pay include the following:

- a. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- b. The employee has been advised by a health care provider to self-quarantine related to COVID-19;
- c. The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- d. The employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);

Approved By: Board of Directors on August 25, 2020

- e. The employee is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; or
- f. The employee 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.

Employees will be paid their regular rate of pay up to a daily cap of \$511 and \$5,110 in the aggregate for ESPL reasons No. 1, 2, or 3 above. Employees will be paid 2/3 of their regular rate of pay up to a daily cap of \$200 and \$2000 in the aggregate for EPSL reasons No. 4, 5, or 6 above.

## 2. Extended Family & Medical Leave Act (EFMLA)

Employees are eligible for EFMLEA leave if they have been employed by CAT for at least 30 days and have not already exhausted their 12-week FMLA entitlement. EFMLEA benefits are available to eligible employees that are unable to work or telework due to caring for a child under 18 years of age because his/her school or place of care has been closed, or his/her childcare provider is unavailable due to reasons related to COVID-19.

The first 2 weeks of EFMLEA leave is unpaid, however, employees may elect to use available EPSLA leave or other sources of accrued leave during this two-week period. Thereafter, employees can take up to 10 weeks of leave (depending upon how much FMLA leave they have previously taken for other reasons) at 2/3 their regular rate of pay up to a daily cap of \$200 and \$10,000 in the aggregate.

## 3. Documentation of Eligibility

Employees are required to complete a FFCRA Request Form documenting their need for EPSLA and/or EFMLEA leave. However, we understand that it is not always possible to complete the Request form immediately. Therefore, documentation of the need for leave under EPSLA and/or EFMLEA leave is not required prior to your leave. However, the Company reserves the right to require such documentation later on. Employees found to have abused these new Emergency Sick Pay or Family Leave Procedures may be subject to disciplinary action, up to and including termination of employment.

## 4. Applying For FFCRA Benefits

Employees who feel they meet the requirements to qualify for either or both of these benefits under the FFCRA must complete the CAT FFCRA Leave Request Form, which can be obtained from Human Resources by calling 912-629-3906 or emailing [hr@catchacat.org](mailto:hr@catchacat.org).

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Rev. No.: N/A  
Effective Date: 8/25/20  
Origination Date: 8/25/20  
Replaces: N/A

5. Posting of FFCRA Benefits

CAT will post a notice of the FFCRA requirements from the Department of Labor in a conspicuous place on its premises.

**REFERENCES:**

- A. COVID-19 Response Policy

**APPLIES TO:**

All employees of Chatham Area Transit Authority

**ATTACHMENTS:**

- A. Attachment A: FFCRA Request Form
- B. Attachment B: DOL FFCRA Poster

**AMERICAN RESCUE PLAN ACT OF 2021**  
**EXTENDED FFCRA LEAVE REQUEST FORM**

The Families First Coronavirus Response Act (FFCRA) requires certain employers to provide their employees with Emergency Paid Sick Leave (EPSL) and Emergency/Expanded Family and Medical Leave (EFML) for specified reasons related to COVID-19. These provisions will apply from April 1, 2021 through September 30, 2021.

**Paid Leave Entitlements**

Generally, employers covered under the FFCRA must provide 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 through #3 below, up to \$511 daily and \$5,110 total;
- 2/3 for qualifying reasons #4 and #6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

**Information:**

**Employee Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Date of leave to begin:** \_\_\_\_\_ **Date of leave expected to end:** \_\_\_\_\_

**Average number of hours you normally work within a two-week period:** \_\_\_\_\_

An employee is entitled to take paid sick leave specified under the FFCRA if the employee is unable to work, because the employee:

- 1. Is subject to a Federal, State, or local quarantine or isolation order related to the COVID-19;**
  - Please provide the name of the agency that issued the order: \_\_\_\_\_
- 2. Has been advised by a health care provider to self-quarantine related to COVID-19;**
  - Please provide the name of the health care who advised you of this action: \_\_\_\_\_
- 3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;**
  - Note: If your reason for leave is due to your own serious health condition related to COVID-19 or to care for your spouse, son, daughter, or parent with a serious health condition related to COVID-19, then the normal EFMLA certification requirements still apply and regular EFMLA forms will be used.
- 4. Is caring for an individual subject to an order described in #1 or self-quarantine described in #2;**
  - Please provide agency name or health care provider that issued the order to the person that you are providing care for: \_\_\_\_\_
- 5. Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; or**
  - Please provide name of child and name of school or childcare provider which is now closed or become unavailable: \_\_\_\_\_
  - Do you represent that no suitable person will be caring for the son or daughter during the period for which you are taking paid sick leave and/or expanded family medical leave? Yes or No
- 6. Is experiencing any other substantially similar condition specified by the US Department of Health and Human Services.**
- 7. Is obtaining a COVID-19 vaccination.**
- 8. Is recovering from an illness related to receiving a COVID-19 vaccination.**
- 9. Is seeking or waiting the results of COVID-19 diagnosis or test if either the employee has been exposed to COVID -19 or the employer requested the test or diagnosis.**

**Please specify which reason above is most closely related to your need to request FFCRA Leave:** \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I also certify that I am unable to work because of one of the reasons above.

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Original form is maintained by the HR Office. Copies only allowed for Employee and Supervisor.)