



**APPLICATION FOR FAMILY MEDICAL LEAVE ACT/CALIFORNIA
FAMILY RIGHTS ACT LEAVE-Emergency Paid Sick Leave Act
(EPSLA) Families First Coronavirus Response Act (FFCRA)**

NAME: _____ **DIVISION:** _____

COLLEAGUE ID #: _____ **CAMPUS:** _____

Beginning Date of Leave: _____ **Ending Date of Leave:** _____

If applying for FMLA – Complete Section 1. If applying for EPSLA or FFCRA Complete Section 2.

(Section 1)

Reason for Leave (check one)

_____(a) birth or adoption of a child, or the receipt of a child into foster care, within one year of such birth or placement

_____(b) the employee's own serious health condition, or

_____(c) a serious health condition of an employee's eligible child, spouse/domestic partner, parent or member of the immediate household, which requires the employee to care for the family member or during which the employee's presence would be beneficial.

A serious health condition means an illness, injury, impairment or physical or mental condition which involves either inpatient care or continuing treatment or supervision by a health care provider and does not include a cold or flu, as more fully described in the attached separate statement.

Explanation (if necessary): _____

A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse/domestic partner, child, parent or member of the immediate household must be accompanied by a verifying medical certification from a physician.

I hereby authorize the Yosemite Community College District Office of Human Resources to contact my physician to verify that the reason for my requested leave is my own serious health condition, or that of my qualifying person. I understand the diagnosis will not be discussed.

I concur with the terms and conditions of the leave and understand that it will be my obligation to return to District employment on the working day following the ending date of the leave. I am aware that failure to return from leave may be construed as abandonment of my position.

Emergency Paid Sick Leave Act (EPSLA) and Families First Coronavirus Response Act (FFCRA)

Leave provisions under the Emergency Paid Sick Leave Act (EPSLA) provide for up to two weeks (80 hours) of emergency paid sick leave to all public employees under specified circumstances related to COVID-19 (see chart below). This paid sick leave is in addition to any other accrued paid leave. The emergency paid sick leave is available during the period of April 1, 2020 – December 31, 2020.

Eligibility for each circumstance is explained below.

A. Items 1-3 from the chart below: No length of service is required; eligibility is immediate upon hire.

1. If employee meets items 1, 2, or 3 below, the employee is eligible for 100% of paid EPSLA leave for two weeks.

B. Items 4-6 from the chart below: No length of service is required; eligibility is immediate upon hire.

1. If employee meets items 4, 5 or 6 below, the employee is eligible for 2/3 of their regular rate of pay for two weeks (*can be offset with accrued leaves to achieve full pay*).

In addition, leave provisions under the Families First Coronavirus Response Act (FFCRA) provide eligible employees with up to 12 weeks of pay at 2/3 of their regular rate of pay, per the guidelines below:

C. Item 5 from the chart below: The employee must have worked at least 30 days with the employer.

1. If employee meets item 5 below, the first two weeks (80 hours) are **unpaid** (first two weeks are covered under EPSLA). Beginning with week three, the employee is eligible to receive 2/3 of their pay (*can be offset with accrued leaves to achieve full pay*) up to ten weeks (maximum 12 weeks).

CHART – QUALIFYING REASONS FOR EPSLA and FFCRA

(1) Is subject to a Federal, State or local quarantine or isolation order related to COVID-19.	(4) Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
(2) Has been advised by a health care provider to self-quarantine related to COVID-19.	(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.
(3) Is experiencing COVID-19 symptoms and is seeking a medical diagnosis.	(6) Is experiencing any other substantially similar conditions specified by the U.S. Department of Health and Human Services.

** See fact sheet for additional information regarding risk factors for severe disease*

Section 2

Please refer to the chart above and mark the applicable boxes indicating the type of leave you are applying for.

Reason/s for Leave (check all that apply)

- _____ (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 his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.
- _____ (6) Is experiencing any other substantially similar conditions specified by the U.S. Department of Health and Human Services. ****see Fact Sheet for additional information***

Signature of Employee

Date

REVIEWED BY:

Immediate Supervisor *(Printed Name and Signature required)*

Date

Senior Director of Human Resources

Date

***Fact Sheet (informational only)**

*COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at a higher risk for severe illness from COVID-19.*

Based on what we know now, those at high risk for severe illness from COVID-19 are:

- [*People 65 years and older*](#)
- *People who live in a nursing home or long-term care facility*

Learn how you can help protect yourself if you are at higher risk of severe illness from COVID-19. People of all ages with underlying medical conditions, particularly if not well controlled, include:

- *People with chronic lung disease or moderate to severe asthma*
- *People who have serious heart conditions*
- *People who are immunocompromised*
 - *Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications*
- *People with severe obesity (body mass index [BMI] of 40 or higher)*
- *People with diabetes*
- *People with chronic kidney disease undergoing dialysis*
- *People with liver disease*
 - *Above information provide by: [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)*