



Human Resources Building
 2455, Suite 221 3640
 Colonel Glenn Hwy.
 Dayton, OH 45435-0001
 Tel: (937) 775-2120
 Fax: (937) 775-3040

Emergency Paid Sick Leave Request Form & FMLA Public Health Emergency Leave Request Form

The Families First Corona Response Act provides emergency paid sick time and expands family and medical leave (FMLA). Information about eligibility, pay caps, and leave allowances is available on the HR website at <https://www.wright.edu/human-resources/benefits>.

Employee Name (Last, First, MI)		Primary Phone Number
Current Job Title	Department	Supervisor
UID	I request leave beginning on (date):	My expected return date is:

I certify I am unable to work or telework and need time off for the following:														
<input type="checkbox"/>	1.	I am subject to federal, state, or local quarantine or isolation order related to COVID-19. Name of governmental entity ordering quarantine:												
<input type="checkbox"/>	2.	I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of the health care professional advising self-quarantine:												
<input type="checkbox"/>	3.	I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.												
<input type="checkbox"/>	4.	I am caring for an individual who is subject to either number 1 or 2 above*. Name and relationship to employee: Name of governmental entity ordering or health care professional advising self-quarantine:												
<input type="checkbox"/>	5.	I am caring for a child (under 18) due to a school or place of closure, or the childcare provider of the child is unavailable, due to COVID-19. <input type="checkbox"/> I certify that no other person will be providing care for my child during the period for which I am receiving paid leave. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name and Age of Child:</td> <td style="width: 33%;">Name of School / Place of Care that is Closed:</td> <td style="width: 33%;">Last day of school for school age</td> </tr> <tr> <td>Name and Age of Child:</td> <td>Name of School / Place of Care that is Closed:</td> <td>Last day of school for school age</td> </tr> <tr> <td>Name and Age of Child:</td> <td>Name of School / Place of Care that is Closed:</td> <td>Last day of school for school age</td> </tr> <tr> <td>Name and Age of Child:</td> <td>Name of School / Place of Care that is Closed:</td> <td>Last day of school for school age</td> </tr> </table>	Name and Age of Child:	Name of School / Place of Care that is Closed:	Last day of school for school age	Name and Age of Child:	Name of School / Place of Care that is Closed:	Last day of school for school age	Name and Age of Child:	Name of School / Place of Care that is Closed:	Last day of school for school age	Name and Age of Child:	Name of School / Place of Care that is Closed:	Last day of school for school age
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Pay Information

Please select the related pay information for your request, noting the required use of leave:

<input type="checkbox"/>	<p>For reasons 1, 2, and 3 listed on page 1 – related to yourself</p> <p>Up to first 10 days/80 hours: Regular rate of base compensation, up to \$511 daily for a total of \$5,110 After 10 days/80 hours: Sick, vacation or comp time and unpaid when all accrued leave is exhausted</p>
<input type="checkbox"/>	<p>For reason 4 listed on page 1 – for care of another person</p> <p>Up to first 10 days/80 hours: 2/3 rate of base compensation, up to \$200 daily for a total of \$2,000</p> <p>After 10 days/80 hours: return to 100% regular rate of base:</p> <ul style="list-style-type: none"> - For immediate family member: Use available sick, vacation or comp time and unpaid when all accrued leave is exhausted - For others: Use available vacation or comp time and unpaid when all accrued leave is exhausted
<input type="checkbox"/>	<p>For reason 5 listed on page 1 – care of a child (under 18) due to a school/child care closure</p> <p>Choose one of the following pay options for weeks 1 and 2 (up to 10 days)</p> <p><input type="checkbox"/> Unpaid</p> <p><input type="checkbox"/> Emergency Paid Sick Leave: 2/3 rate of base compensation, up to \$200 daily for a total of \$2,000</p> <p>Weeks 3-12 (if applicable):</p> <p><input type="checkbox"/> FMLA 2/3 rate of base compensation, up to \$200 daily for a total of \$2,000</p> <p><input type="checkbox"/> FMLA Use available vacation or comp time and unpaid when all accrued leave is exhausted</p> <p>Eligible employees can use up to 12 weeks of family and medical leave during a rolling 12-month period.</p>

I certify that I am requesting leave for a covered reason under the Families First Coronavirus Response Act (FFCRA) and will provide documentation to support this leave within 15 days of my request.

Acceptable documentation is as follows:

- Copy of the Federal, State or local quarantine or isolation order related to COVID-19.
- Documentation by a health care provider advising employee to self-quarantine due to COVID-19.
- Documentation by a healthcare provider designating employee as a qualified caregiver due to COVID-19.
- Written notice of closure from employee’s child(ren)’s school or childcare provider due to COVID-19.
(Requirement can be met by a notice that may have been posted on a government, school, or childcare website, published in a newspaper, or a notice from an official of the school, place of care, or child care provider).

I acknowledge that I am subject to discipline, up to and including termination of employment, for falsifying my need for paid leave under the FFCRA.

Employee Signature	Date