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.

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<tr>
<th>Employee Name (Last, First, MI)</th>
<th>Primary Phone Number</th>
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<tr>
<th>Current Job Title</th>
<th>Department</th>
<th>Supervisor</th>
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<tr>
<th>UID</th>
<th>I request leave beginning on (date):</th>
<th>My expected return date is:</th>
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I certify I am unable to work or telework and need time off for the following:

- 1. I am subject to federal, state, or local quarantine or isolation order related to COVID–19.
   Name of governmental entity ordering quarantine:

- 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:

- 3. I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.

- 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:

- 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.
   I certify that no other person will be providing care for my child during the period for which I am receiving paid leave.
   Name and Age of Child: Name of School / Place of Care that is Closed: Age and Grade level
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Human Resources Building
2455, Suite 221 3640
Colonel Glenn Hwy.
Dayton, OH 45435-0001
Tel: (937) 775-2120
Fax: (937) 775-3040
Pay Information

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

☐ For reasons 1, 2, and 3 listed on page 1 – related to yourself

Up to first 10 days: Regular rate of base compensation, up to $511 daily for a total of $5,110
After 10 days: Sick, vacation or comp time and unpaid when all accrued leave is exhausted

☐ For reason 4 listed on page 1 – for care of another person

Up to first 10 days/80 hours: 2/3 rate of base compensation, up to $200 daily for a total of $2,000

After 10 days/80 hours: return to 100% regular rate of base:
- 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

☐ For reason 5 listed on page 1 – care of a child (under 18) due to a school/child care closure

Weeks 1 and 2: Choose one of the following pay options (up to 10 days):
- Emergency Paid Sick Leave: 2/3 rate of base compensation, up to $200 daily for a total of $2,000
- Vacation and/or comp time
- Unpaid

Weeks 3-12: Use available vacation and/or comp time leave until exhausted; then you will be paid
at 2/3 rate of base compensation, up to $200 daily for a total of $2,000

Acknowledgement
- If salaried, you will need to be transitioned to hourly to enable accurate payment of the 2/3 compensation rate. Thus, you will need to submit biweekly timesheets. Upon return from leave, you will be returned to salary status.

Eligible employees can use up to 12 weeks of family and medical leave during a rolling 12-month period.

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.

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<th>Employee Signature</th>
<th>Date</th>
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<tr>
<td>Supervisor Signature</td>
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