Introduction to New Leaves

Presenter

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The Families First Coronavirus Response Act (FFCRA) went into effect on April 1, 2020. Detailed FAQs are available on the HR website.

Two key provisions of the FFCRA are applicable to ‘public agencies’ including The University of Alabama:

- Emergency Paid Sick Leave Act (EPSL)
- Emergency Family and Medical Leave Expansion Act (EFML)

Emergency Paid Sick Leave (EPSL)

This Act requires UA to provide employees with emergency paid sick leave hours if an employee is unable to work or telework due to reasons related to COVID-19:

- **Full-Time** = 80 hours (e.g., two weeks)
- **Part-Time** = average hours per two-week period
- **Variable Schedule** = average hours over the last 6 months

All employees, full-time and part-time, exempt and non-exempt, are eligible regardless of length of service at UA. Emergency paid sick leave hours are available to use immediately upon date of hire.*

* Application is required.
Employee Exclusions

Any employee who works for an entity that is considered a **healthcare provider** or **emergency responder** is exempt from the new leave laws due to staffing needs, so the employee is *not* eligible for EFML or EPSL.

**ALL employees in the following departments are excluded:**

- University Medical Center
- Student Health Center
- Brewer-Porch Center
- Psychology Clinic
- RISE
- UA Police Department
- Speech and Hearing Center
- Capstone Village Retirement
- W&G Resource Center
- Counseling Center
- Collegiate Recovery
- Working on Womanhood (WOW)
- Marriage/Family Therapy Clinic
- Autism Clinic
- College of Engineering faculty and staff involved in manufacturing face masks
What are qualifying reasons for EPSL?

1) Employee is subject to Federal, State, or local quarantine or isolation order

2) Employee has been advised by health care provider to self-quarantine

3) Employee is experiencing COVID-19 symptoms & seeking medical diagnosis

4) Employee is caring for an individual based on reasons (1) or (2) above (e.g., self-quarantine or isolation order)

5) Employee is caring for a son or daughter whose school or place of care has been closed, or the childcare provider of such son or daughter is unavailable due to COVID-19 reasons
Important Definitions

“Son or daughter” is defined as biological, adopted, or foster child, stepchild, legal ward, or child of person standing in loco parentis who is either under 18 years of age or is older and “incapable of self-care due to mental or physical disability.”

“Caring for an Individual” means the individual is unable to care for him or herself and depends on the employee for care. Such an individual may include an immediate family member or someone who regularly resides in your home.
Continuous or Intermittent Leave

EPSL for “Self Care” and “Family Care” for another individual must be used on a **Continuous** basis to prevent transmission of the virus.*

Only EPSL for childcare reasons can be taken on an **Intermittent** basis and only in **full-day increments** (e.g., employee will be off work on Tuesdays and Thursdays to care for children).

* Once an employee returns to work and a balance of hours remains, employee must experience another qualifying reason related to COVID-19 and submit new EPSL application to use the hours.
## How much will employees be paid?

<table>
<thead>
<tr>
<th>Leave Reason</th>
<th>Pay Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Employee is subject to Federal, State, or local quarantine or isolation order</td>
<td>100%, max $511 per day, $5,110 total</td>
</tr>
<tr>
<td>2) Employee has been advised by health care provider to self-quarantine</td>
<td>100%, max $511 per day, $5,110 total</td>
</tr>
<tr>
<td>3) Employee is experiencing COVID-19 symptoms and seeking medical diagnosis</td>
<td>100%, max $511 per day, $5,110 total</td>
</tr>
<tr>
<td>4) Employee is caring for an individual based on reasons (1) or (2) above</td>
<td>Two-thirds regular rate of pay, max $200 per day, $2,000 total</td>
</tr>
<tr>
<td>5) Employee is caring for a child whose school or place of care has been closed, or the childcare provider is unavailable</td>
<td>Two-thirds regular rate of pay, max $200 per day, $2,000 total</td>
</tr>
</tbody>
</table>
At this time, employees who are approved for EPSL due to a “Family Care” reason may elect to use their accrued leave time (Annual Leave, Sick Leave, or Comp Time) to receive a supplemental one-third of their regular rate of pay. However, this allowance is subject to change.

Order of preference will be selected on the request form. Once selected, the order of preference may not be changed.
Employee should submit **EPSL Qualtrics survey request form online.**

1) “Self-Care” Leave (Reasons #1 – 3) and “Family Care” Leave (Reason #4) must complete **DocuSign Employee Statement for Isolation/Quarantine reasons** listing names of government entity or healthcare provider recommending quarantine/isolation, and/or information about family member, OR

2) “Family Care” (Reason #5) for childcare must complete the **DocuSign Employee Statement for Childcare** certifying names, ages, and school or place of care for each child. *Same form applies to EFML request, so it only has to be submitted once.*
Employee Statement for Emergency Paid Sick Leave (EPSL) Request

The Families First Coronavirus Response Act

I, ________________________________ (Print Employee Full Name), am requesting emergency paid sick leave because I am unable to work or telework due to one of the following reasons:

I. Check only one of the reasons related to COVID-19 below:
   (1) Employee is subject to Federal, State, or local quarantine or isolation order.
   (2) Employee has been advised by health care provider to self-quarantine.
   (3) Employee is experiencing COVID-19 symptoms & seeking medical diagnosis.
   (4) Employee is caring for an individual who is subject to a quarantine or isolation order as described in (1) or has been advised to self-quarantine as described in (2) above.

II. Requested Start Date for Emergency Paid Sick Leave: ________________

III. Provide a brief description in support of your request for leave based on the reason selected above:

   ________________________________
V. For reasons (1), (2), or (3) above related to a quarantine order or self-quarantine advice, please provide the following information:

A. Name of the Governmental Entity (e.g., Federal, State or local authority) ordering you to quarantine or the name of the Health Care Provider advising you to self-quarantine:

__________________________________________

__________________________________________

__________________________________________

VI. For reason (4) above related to caring for another individual under an order or advised to self-quarantine, please provide the following information:

A. Name of the Individual: ________________________________________________

B. Relation to the Employee: _____________________________________________

C. Name the Governmental Entity or Health Care Provider advising the individual to quarantine:

__________________________________________

Paid Leave Duration: Emergency Paid Sick Leave is limited to 80 hours for full-time employees (e.g., 40 hours per week) or less for part-time employees based on normally scheduled work hours per day.

Paid Leave Amount: Pending approval, employees will receive Emergency Paid Sick Leave subject to the following limitations. For reasons (1) – (3) “Self-Care”, The University will provide paid leave calculated as 100% of your regular rate of pay multiplied by the number of hours you would otherwise be normally scheduled to work not to exceed $511 per day and $5,110 in aggregate.
Approval Timeline for EPSL

All notifications are sent via email to employee and copied to supervisor and HR Business Partners on COVID-19 response team.

If approved, an employee will have appropriate number of hours (maximum of 80) added to their new EmSick bank in Banner. For non-exempt, biweekly employees the EmSick leave balance will show on an employee’s timesheet in eTime.
Does EPSL balance carryover?

EPSL ends with the **first scheduled shift immediately** following the termination of the need for leave for any of the qualifying reasons related to COVID-19.

Any remaining balance may be used at a later date if an employee experiences another qualifying reason related to COVID-19 and requests EPSL again with supporting documentation.

Any unused EPSL hours will not carry over into 2021 because the FFCRA leave laws expire on **December 31, 2020**.
UA Human Resources is currently working with Ellucian Banner and Workforce Solutions to update the Monthly Leave Report and Biweekly Timesheet in eTime with new leave codes. Additional information will be available soon.

At this time, specific instructions will be provided to individual supervisors as an employee is approved for EPSL.

Direct questions to Sharon Hale, Senior HR Business Partner, at (205) 348-4641 or shale@fa.ua.edu.
## EPSL: Self-Care Scenarios

<table>
<thead>
<tr>
<th>Request Date</th>
<th>Reason</th>
<th>EPSL Usage</th>
<th>EPSL Balance</th>
<th>Next steps?</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1</td>
<td>#1 – Employee A is diagnosed with COVID-19 and under an isolation order from AL Dept. Public Health, then experiences continued complications</td>
<td>10 days (80 hours)</td>
<td>0 hours</td>
<td>FML for own serious health condition beginning May 15</td>
</tr>
<tr>
<td>May 4</td>
<td>#2 – Employee B had recent heart surgery and is considered “vulnerable” to COVID-19, so healthcare provider recommends self-quarantine</td>
<td>8 days (80 hours 4/10 shift)</td>
<td>0 hours</td>
<td>FML for own serious health condition beginning May 13</td>
</tr>
<tr>
<td>May 10</td>
<td>#3 – Employee C is experiencing COVID-19 symptoms and seeking diagnosis. Result is negative</td>
<td>6 days (48 hours)</td>
<td>4 days (32 hours)</td>
<td>Employee C may later request EPSL if experience another qualifying reason in 2020</td>
</tr>
</tbody>
</table>
## EPSL: Family Care Scenarios

<table>
<thead>
<tr>
<th>Request Date</th>
<th>Reason</th>
<th>EPSL Usage</th>
<th>EPSL Balance</th>
<th>Next steps?</th>
</tr>
</thead>
<tbody>
<tr>
<td>D May 6</td>
<td>#4- Employee D is caring for spouse during cancer chemotherapy and healthcare provider recommends spouse self-quarantine</td>
<td>10 days (80 hours)</td>
<td>0 hours</td>
<td>FML for family member’s serious health condition beginning May 20</td>
</tr>
<tr>
<td>E May 18</td>
<td>#5 – Employee E is caring for two children (age 3 and 10) because daycare and elementary school are closed thru July 1, 2020</td>
<td>10 days (80 hours)</td>
<td>0 hours</td>
<td>Expanded FML for childcare reasons beginning May 18 until places of care reopen</td>
</tr>
</tbody>
</table>
Expanded Family Medical Leave (EFML)

The Act amends the Family Medical Leave Act by adding a 6th reason for leave ‘Qualifying childcare need related to public health emergency’ to permit employees to take up to 12 workweeks of leave in a rolling backward 12-month period.

An employee has 12 workweeks total for EFML + standard FML. This new Act does not entitle an employee to additional time off:

- If an employee has already used a portion of their FML entitlement in the last 12 months, they will have less EFML to use (e.g., used 7 weeks for surgery, only 5 weeks remaining)
- If an employee has exhausted standard FML, then not eligible.
Who is eligible for EFML?

All employees, full-time and part-time, exempt and non-exempt who have worked for UA for \textit{at least 30 calendar days} are eligible.*

- The same definition of \textit{"son or daughter"} under EPSL applies.
- The same \textit{exclusions} under EPSL apply for \textit{healthcare providers} and \textit{emergency responders} in specific departments.

* Application is required.
What is the qualifying reason for EFML?

The employee is caring for a son or daughter whose school or place of care has been closed, or the childcare provider of such son or daughter is unavailable due to COVID-19 reasons

Employee may receive up to **14 weeks of leave** for a **qualifying childcare need** (12 weeks for EFML + 2 weeks for EPSL), assuming the employee is full-time and has the entire 12 weeks of FML entitlement remaining.

For example, an employee may elect to use:

- 2 weeks of EPSL **before** 12 weeks of EFML starts,
- 2 weeks of EPSL **during** EFML to cover 10-day unpaid period, or
- 2 weeks of EPSL **after** 12 weeks of EFML ends.
## How much will employees be paid?

<table>
<thead>
<tr>
<th>EFML Period</th>
<th>Paid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 10 work days</td>
<td>UNPAID*</td>
</tr>
<tr>
<td>Remaining 10 workweeks</td>
<td>Two-thirds regular rate of pay, max $200 per day, $10,000 total</td>
</tr>
</tbody>
</table>

* An employee may elect to use accrued leave or request Emergency Paid Sick Leave (EPSL) to cover this 10-day unpaid period.
Supplement with Accrued Leave

At this time, employees who are approved for EFML for childcare may elect to use their accrued leave time (Annual Leave, Sick Leave, or Comp Time) to receive a supplemental one-third of their regular rate of pay. This allowance is subject to change.

Order of preference will be selected on the FML request form. Once selected, the order of preference may not be changed.
EFML may be taken on a Continuous or Intermittent basis. If Intermittent leave is requested it must be used in **full-day increments** only (e.g., employee will be off work on Mondays, Wednesdays and Fridays to care for children).

Intermittent Leave Records are required for all types of FML and must be submitted to the Benefits Office after each pay period. Forms available in DocuSign with instructions on HR website:

- Intermittent Leave Time Sheet for Exempt Employees
- Intermittent Leave Time Sheet for Non-Exempt Employees
Employee should complete Family and Medical Leave Request form online and select the 6th reason ‘Qualifying Childcare Need related to a Public Health Emergency’.

1) DocuSign Employee Statement for Qualifying Childcare Need certifying names, ages, and school or place of care for each child, AND

2) Proof of school closure or unavailability of childcare provider (e.g., notice of closure posted on a government, school, or place of care website, newspaper article with announcement of closure, or email from school official documenting closure)
Employee Statement for Expanded Family Medical Leave (EFML) or Emergency Paid Sick Leave (EPSL) for Childcare Reasons

The Families First Coronavirus Response Act

I, ________________________________ (Print Employee Full Name), am requesting leave because I am unable to work or telework due to the following reason:

☐ Employee is caring for a son or daughter (under 18 years old) whose school or place of care has been closed, or the childcare provider of such son or daughter is unavailable.

I. Requested Leave Type:  ○ Expanded Family Medical Leave  ○ Emergency Paid Sick Leave

II. Requested Start Date for Leave: ________________________________

III. Provide a brief description in support of your request for leave for childcare reasons:

________________________________________________________________________
________________________________________________________________________

WHERE LEGENDS ARE MADE

DocuSign Envelope ID: ABC54BD5-1F57-498A-8027-91B0FC5BB690
V. For requesting leave related to caring for your child(ren) due to a school closing or child care provider unavailability, please provide the following information:

I hereby certify and affirm that my child(ren) under the 18 years of age attend the below listed school/place of care, said school/place of care is closed, or the childcare provider is unavailable, due to a public health emergency, specifically, COVID-19, and I am the only person providing care for the child(ren) because no other individual is present and available to care for them.

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Child Age</th>
<th>School / Place of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

If one of the child(ren) listed above is **14 years of age or older**, provide a brief description of the special circumstances that exist requiring you to provide care:

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**Paid Leave Duration:** Emergency Paid Sick Leave is limited to 80 hours for full-time employees (e.g., 40 hours per week) or less for part-time employees based on normally scheduled work hours per day. Family Medical Leave, including the expansion for childcare, is limited to 12 weeks per rolling 12-month period.
Approval Timeline for EFML

Processing Timeline

<table>
<thead>
<tr>
<th>5 Business Days</th>
<th>15 Calendar Days</th>
<th>5 Business Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>UA will send <strong>eligibility notice</strong> to employee</td>
<td>Employee will submit <strong>documentation</strong> to UA</td>
<td>UA will send <strong>final decision</strong> to employee</td>
</tr>
</tbody>
</table>

Employee will receive a ‘Notice of Eligibility’ **via email** with copy sent to supervisor and HR Business Partners on the COVID-19 response team. Notice of Eligibility explains specific Rights & Responsibilities related to EFML.

Employee will receive a ‘Final Designation Notice’ **via email** with Approved or Not Approved status and other specific details.
UA Human Resources is currently working with Ellucian Banner and Workforce Solutions to update the Monthly Leave Report and Biweekly Timesheet in eTime with new leave codes. Additional information will be available soon.

At this time, specific instructions will be provided to individual supervisors as an employee is approved for EFML.

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