

SECTION 1: FORM INFORMATION

The University of Montana Western is required by the Families First Coronavirus Response Act (FFCRA or Act) to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply through December 31, 2020. These Federal leaves must be coordinated with the State of Montana Paid Covid-19 Leaves.

QUALIFYING REASONS FOR LEAVE: Under the FFCRA, an employee qualifies for paid sick time if the employee is unable to work (or unable to telework) due to a need for leave because the employee:

- 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
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
5. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

NEW: Under the Emergency Family Medical Leave and Expansion Act (EFMLEA), an employee may qualify for expanded family medical leave (FMLA) if the employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

DURATION OF LEAVE:

- For reasons (1) - (5): A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
For EFMLEA: A full-time employee is eligible for up to 12 weeks of leave (two weeks of unpaid leave, which may be covered by other leave types, followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period. This leave can be used intermittently. Use of EFMLEA leave must be reviewed and approved by Human Resource Services before use can begin.

SECTION 2: EMPLOYEE INFORMATION

Employee Name: Employee 790#:
Department: Leave Begin Date:
Qualifying Reason for Leave: 1.) 2.) 3.) 4.) 5.) EFMLEA.)

SECTION 3: CALCULATION OF PAY

For leave reasons (1), (2), or (3): Employees taking leave are entitled to pay at their regular rate, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).
For leave reasons (4) or (5): Employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).
For leave reason (EFMLEA): Employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$10,000 in the aggregate (over a 10-week period). Only 12 total weeks of FMLA are possible in a 12 month period.

SECTION 4: SIGNATURES FOR FFCRA FORM

Employee Signature Date:
Supervisor Signature Date:
Supervisor Printed Name
HRS Approval Date: