

SACRAMENTO REGIONAL TRANSIT DISTRICT

Request for Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA)

TO THE EMPLOYEE: You are requesting paid sick leave under FFCRA . In order to be considered for these benefits, you must fully complete this form (Sections A, B and C), provide necessary documentation, and turn this form and supporting documentation in to your supervisor . Note that if you are also eligible for Emergency Paid Family Medical Leave Act (EFMLA) pay under the FFCRA, you may use your Emergency Paid Sick Leave under this program to cover your 10 day unpaid waiting period required under the EFMLA, if you do not wish to use accruals to cover those 10 days.

Please contact Senior Human Resources Analyst June Moua at (916) 556-0285 if you have any questions.

I AM UNABLE TO WORK OR TELEWORK AND AM REQUESTING EMERGENCY PAID SICK LEAVE UNDER THE FFCRA LEAVE FOR THE REASON CHECKED BELOW.

Note: Emergency Paid Sick Leave is up to 80 hours of paid time. You will be paid your regular rate of pay up to a daily cap of \$511 dollars for up to 80 hours for full time employees. Part time employees will be paid their regular rate of pay up to the number of hours they work on average over a 2 week period. Thus, for example, if you work 25 hours each week, you are entitled to up to 50 hours of Emergency Paid Sick Leave. Emergency Paid Sick Leave must be taken consecutively in one block of time, unless the reason for leave is No. 5 below.

SECTION (A) REASON FOR LEAVE (Check only **ONE**):

- (1) I am subject to a Federal, State or local quarantine or isolation order related to COVID-19*
- (2) I have been advised by a health care provider to self-quarantine related to COVID-19*
- (3) I am experiencing COVID-19 symptoms and am seeking a medical diagnosis*
- (4) I am caring for an individual subject to an order described in (1) or self-quarantine described in (2)*
- (5) I am caring for the child of the individual described in (4) whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons*
- (6) I am experiencing any other substantially-similar condition specified by the US Department of Health and Human Services*

*NOTE: You are required to provide the District with documentation in support of the reasons for your paid sick leave. These documents may include a copy of the quarantine or isolation order related to COVID-19, written documentation by a health care provider advising you to self-quarantine due to COVID-19, and/or notice of closure or unavailability from a child's

school, place of care or child care provider (i.e., newspaper/web article, website or email notice). If you are unable to supply supporting documentation, due to reasons outside your control, you must provide the information requested in Section C below, and explain why you are unable to submit documentation of your need for leave.

SECTION (B) DATES OF YOUR REQUESTED LEAVE

Start Date of Requested Leave _____

End Date of Requested Leave _____

SECTION (C) DOCUMENTATION SUPPORTING NEED FOR LEAVE (Answer either Question 1 or 2):

1. I am attaching the following documentation to support my need for FFCRA Leave (provide description of documentation you are submitting):

2. I am unable to obtain documentation supporting my need for FFCRA Leave for the following reasons: (NOTE: if you are unable to obtain a note from a health care provider, you must provide the name of the health care provider, the date of the last visit, and the health care provider's instructions as it relates to your need for leave (i.e., to self-quarantine) in addition to the reason you cannot submit supporting documentation):

CERTIFICATION OF EMPLOYEE: I certify that the information contained on this form is truthful and accurate.

Your Name (Please print): _____

Your Signature: _____

Date: _____

CONFIRMATION OF RECEIPT: This is to confirm that the above named employee submitted this form on the date indicated below.

Supervisor's Name (Please print): _____

Supervisor's Signature: _____

Date: _____