

COVID-19 Modified Work Schedule Request Form Self Quarantine

Employee Name	Date	
Title	Supervisor	Department

Self – I AM UNABLE TO WORK ON CAMPUS FOR THE FOLLOWING REASON:

- ☐ I am subject to a federal, state, or local **quarantine or isolation** order related to COVID-19 that specifically prevents me from working.
- ☐ I have been **advised to self-quarantine** because of concerns related to COVID-19.
Name of the healthcare provider or advising party: _____
- ☐ I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis.
- ☐ Other reason, please explain: _____

Leave/Work Options: Please check the leave option(s) and estimated number of hours per week you are requesting. Definitions of leave are on page 2.

Leave Start Date	Estimated Return to Campus

- ☐ I am able to work from home. # of hours per week _____
- ☐ I am using college paid pandemic leave. # of hours per week _____
- ☐ I am using FFCRA Emergency Paid Sick leave. # of hours per week _____
- ☐ I am using college accrued leave. # of hours per week _____
- ☐ I am requesting Communicable Disease Leave. # of hours per week _____

If an employee is using leave related to COVID-19, please complete a [COVID-19 Timesheet](#). The COVID-19 timesheet replaces the leave of absence form.

Employee Signature:

Supervisor Signature:

X _____

X _____

If signing electronically, please type your full name, followed by "e-signed."

When complete, please submit form to Wendy Hartmann, HR Director, at wendy.hartmann@eastcentral.edu

HR Notes

Leave Definitions

- **Working from Home While Quarantined** – Employees who have been directed to quarantine due to COVID for a period of time (typically 14 days) are asked to work from home. Employees unable to work from home will use appropriate leave (see below).
- **College paid pandemic leave** - full-time employees (up to 80 hours - max) and part-time employees (up to the average number of hours the employee normally works in a two-week period - max) are eligible for College paid pandemic leave at the employee's regular rate of pay where the employee is unable to work on campus or work from home due to COVID-19. This leave is available through December 31, 2020 and is separate from the FFCRA Emergency Paid Sick Leave.
- **FFCRA Emergency Paid Sick Leave** - full-time employees (up to 80 hours - max) and part-time employees (up to the average number of hours the employee normally works in a two-week period - max) are eligible for **FFCRA paid emergency sick leave** at the employee's regular rate of pay where the employee is unable to from. This leave is available through December 31, 2020 and is separate from the College paid pandemic leave.
- **College paid sick leave, personal leave and vacation leave** – full-time employee may also use sick, personal or vacation leave if not able to work.
- **Communicable Disease Administrative Leave** – employees who have been unable to work and have exhausted the College's Pandemic leave and the FFCRA leave due to multiple quarantines pursuant to Federal, State, or local government order or advice of a health care provider to quarantine may be eligible for this leave. Approval by the College President required.
- **COVID-19 Timesheet** - if an employee is using leave related to COVID-19, please complete the [COVID-19 timesheet](#) that replaces the leave of absence form.
- **Families First Coronavirus Response Act (FFCRA)** - The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The Department of Labor's (Department) Wage and Hour Division (WHD) administers and enforces the new law's paid leave requirements. These provisions will apply from the effective date of April 1 through December 31, 2020. Generally, the Act provides that covered employers must provide to all employees:
 - Two weeks (up to 80 hours) of paid sick leave at the employee's regular rate of pay where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or
 - Two weeks (up to 80 hours) of paid sick leave at 2/3 (two-thirds) the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor. A covered employer must provide to employees that it has employed for at least 30 days:
 - Up to an additional 10 weeks of paid expanded family and medical leave at 2/3 (two-thirds) the employee's regular rate of pay where an employee is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.
 - For additional information, see the [FFCRA poster](#).

COVID-19 Modified Work Schedule Request Form Caring for Others due to Quarantine

Employee Name	Date	
Title	Supervisor	Department

Caring for Others – I AM UNABLE TO WORK ON CAMPUS FOR THE FOLLOWING REASON:

- ☐ I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19.

Name of individual I am caring for and our relationship: _____

Name of the government entity issuing the order: _____

OR

Name of the advising healthcare provider: _____

Leave/Work Options: Please check the leave option(s) and estimated number of hours per week you are requesting. Definitions of leave are on page 2.

Leave Start Date	Estimated Return to Campus

- | | |
|--|---------------------------|
| <input type="checkbox"/> I am able to work from home. | # of hours per week _____ |
| <input type="checkbox"/> I am using college paid pandemic leave. | # of hours per week _____ |
| <input type="checkbox"/> I am using FFCRA Emergency Paid Sick leave. | # of hours per week _____ |
| <input type="checkbox"/> I am using college accrued leave. | # of hours per week _____ |

If an employee is using leave related to COVID-19, please complete a [COVID-19 Timesheet](#). The COVID-19 timesheet replaces the leave of absence form.

Employee Signature:

Supervisor Signature:

X

X

If signing electronically, please type your full name, followed by "e-signed."

When complete, please submit form to Wendy Hartmann, HR Director, at wendy.hartmann@eastcentral.edu

HR Notes

Leave Definitions

- **Working from Home While Quarantined** – Employees who have been directed to quarantine due to COVID for a period of time (typically 14 days) are asked to work from home. Employees unable to work from home will use appropriate leave (see below).
- **College paid pandemic leave** - full-time employees (up to 80 hours - max) and part-time employees (up to the average number of hours the employee normally works in a two-week period - max) are eligible for College paid pandemic leave at the employee's regular rate of pay where the employee is unable to work on campus or work from home due to COVID-19. This leave is available through December 31, 2020 and is separate from the FFCRA Emergency Paid Sick Leave.
- **FFCRA Emergency Paid Sick Leave** - full-time employees (up to 80 hours - max) and part-time employees (up to the average number of hours the employee normally works in a two-week period - max) are eligible for **FFCRA paid emergency sick leave** at the employee's regular rate of pay where the employee is unable to work or work from home. This leave is available through December 31, 2020 and is separate from the College paid pandemic leave. FFCRA is paid at 2/3 employee's rate; employee can use 1/3 of college paid pandemic, college accrued leave or modified work schedule to make whole.
- **College paid sick leave, personal leave and vacation leave** – full-time employee may also use sick, personal or vacation leave if not able to work.
- **COVID-19 Timesheet** - If an employee is using leave related to COVID-19, please complete the COVID-19 timesheet that replaces the leave of absence form.
- **Families First Coronavirus Response Act (FFCRA)** - The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The Department of Labor's (Department) Wage and Hour Division (WHD) administers and enforces the new law's paid leave requirements. These provisions will apply from the effective date of April 1 through December 31, 2020. Generally, the Act provides that covered employers must provide to all employees:
 - Two weeks (up to 80 hours) of paid sick leave at the employee's regular rate of pay where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or
 - Two weeks (up to 80 hours) of paid sick leave at 2/3 (two-thirds) the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor. A covered employer must provide to employees that it has employed for at least 30 days:
 - Up to an additional 10 weeks of paid expanded family and medical leave at 2/3 (two-thirds) the employee's regular rate of pay where an employee is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.
 - For additional information, see the [FFCRA poster](#).



COVID-19 Modified Work Schedule Request Form Caring for Child(ren)

Employee Name	Date	
Title	Supervisor	Department

Childcare – I AM UNABLE TO WORK ON CAMPUS FULL-TIME FOR THE FOLLOWING REASON:

- ☐ I need to care for my child(ren) because their school or childcare provider is closed or unavailable because of COVID-19. I certify that no other suitable person is available to care for the child(ren) during the period of requested leave. If listed child is over 18, I further certify that there are special circumstances that require me to provide care for them.

Name(s) and age(s) of child(ren): _____

Name of school or place(s) of care: _____

- ☐ I am requesting to work full-time and/or part-time from home.

Leave/Work Options: Please check the leave option(s) and estimated number of hours per week you are requesting. Definitions of leave are on page 2.

Leave Start Date	Leave End Date

- | | | | |
|--------------------------|--|---------------------|-------|
| <input type="checkbox"/> | I am able to work from home. | # of hours per week | _____ |
| <input type="checkbox"/> | I am able to work on campus | # of hours per week | _____ |
| <input type="checkbox"/> | I am using college paid pandemic leave. | # of hours per week | _____ |
| <input type="checkbox"/> | I am using FFCRA Emergency Paid Sick leave. | # of hours per week | _____ |
| <input type="checkbox"/> | I am using college accrued leave. | # of hours per week | _____ |
|
 | | | |
| <input type="checkbox"/> | I am requesting Expanded FMLA since I will use more than two weeks of FFCRA leave. | | |

If an employee is using leave related to COVID-19, please complete a [COVID-19 Timesheet](#). The COVID-19 timesheet replaces the leave of absence form.

Employee Signature:

Supervisor Signature:

X

X

If signing electronically, please type your full name, followed by "e-signed."

When complete, please submit form to Wendy Hartmann, HR Director, at wendy.hartmann@eastcentral.edu

HR Notes

Leave Definitions

- **Working from Home While Quarantined** – Employees who have been directed to quarantine due to COVID for a period of time (typically 14 days) are asked to work from home. Employees unable to work from home will use appropriate leave (see below).
- **College paid pandemic leave** - full-time employees (up to 80 hours - max) and part-time employees (up to the average number of hours the employee normally works in a two-week period - max) are eligible for College paid pandemic leave at the employee's regular rate of pay where the employee is unable to work on campus or work from home due to COVID-19. This leave is available through December 31, 2020 and is separate from the FFCRA Emergency Paid Sick Leave.
- **FFCRA Emergency Paid Sick Leave** - full-time employees (up to 80 hours - max) and part-time employees (up to the average number of hours the employee normally works in a two-week period - max) are eligible for **FFCRA paid emergency sick leave** at the employee's regular rate of pay where the employee is unable to work or telework. This leave is available through December 31, 2020 and is separate from the College paid pandemic leave. FFCRA is paid at 2/3 employee's rate; employee can use 1/3 of college paid pandemic, college accrued leave or modified work schedule to make whole.
- **College paid sick leave, personal leave and vacation leave** – full-time employee may also use sick, personal or vacation leave if not able to work.
- **COVID-19 Timesheet** - If an employee is using leave related to COVID-19, please complete the COVID-19 timesheet that replaces the leave of absence form.
- **Families First Coronavirus Response Act (FFCRA)** - The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The Department of Labor's (Department) Wage and Hour Division (WHD) administers and enforces the new law's paid leave requirements. These provisions will apply from the effective date of April 1 through December 31, 2020. Generally, the Act provides that covered employers must provide to all employees:
 - Two weeks (up to 80 hours) of paid sick leave at the employee's regular rate of pay where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or
 - Two weeks (up to 80 hours) of paid sick leave at 2/3 (two-thirds) the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor. A covered employer must provide to employees that it has employed for at least 30 days:
 - Up to an additional 10 weeks of paid expanded family and medical leave at 2/3 (two-thirds) the employee's regular rate of pay where an employee is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19. (Expanded FMLA)
 - For additional information, see the [FFCRA poster](#).