



FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

The Families First Coronavirus Response Act (FFCRA) requires certain employers, including Orange County Government, to provide their employees with **Emergency Family and Medical Leave (EFMLEA)**, as well as Emergency Paid Sick Leave, for specified reasons related to COVID-19.

These provisions will apply from April 1, 2020 and will continue through December 31, 2020. Employees may utilize two new benefits passed by this emergency Federal legislation.

EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (EFMLEA)

Leave Benefit	<ul style="list-style-type: none"> EFMLEA provides 12 weeks of job-protected leave when the employee is unable to work or telework due to childcare needs.
Minimum Length of Employment for Eligibility	<ul style="list-style-type: none"> Employees who have been employed with the County for at least 30 days are eligible for this leave.
Provisions for Leave for Childcare	<ul style="list-style-type: none"> EFMLEA allows employees to use leave for the purposes of childcare as a result of COVID-19. The child or children must be younger than 18 years of age. An adult child may also qualify if the child has a disability or is incapable of self-care.
2 Weeks Waiting Period	<ul style="list-style-type: none"> There is a 2 week waiting period before the benefit begins. During this 2 week period, an employee may choose to take emergency paid sick leave (if eligible), leave without pay or elect to use Personal, Vacation, Term, Sick, Old Sick Leave and/or Floating Holiday, if applicable.
Partially Paid Leave	<ul style="list-style-type: none"> Once an employee has fulfilled the 2 week waiting period, payment is two-thirds (2/3) of his or her regular rate of pay up to a maximum of \$200 per day or an aggregate maximum of \$12,000. Employees may use their Personal, Vacation, Term, Sick Old Sick Leave and/or Floating Holiday, if applicable, to make up the difference in pay.
Family and Medical Leave (FML) Eligibility	<ul style="list-style-type: none"> An employee is only entitled to 12 weeks of FML in total during a 12-month period. If an employee has already exhausted the 12 weeks of FML during this 12-month period, he or she will not be entitled to any additional leave under EFMLEA during this same period.
Intermittent Leave	<ul style="list-style-type: none"> If employees have not exhausted their FML time, they may be eligible to take their leave intermittently, to include the two week waiting period. However, the leave must be taken in full-day increments.
Request Process	<ul style="list-style-type: none"> Employees should complete the EFMLEA Leave request form if they wish to apply for this benefit, which goes into effect on April 1, 2020, and submit it to their HR representative for processing.

When applicable, I understand that if I choose to supplement any portion of the County's paid leave with my own leave accruals, I understand such accruals must be used in accordance with existing County policy and/or practices.



EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT

COVID 19: EFMLEA

EMPLOYEE INFORMATION

Name: _____ Date of Hire: _____ EEID: _____
 Supervisor: _____ Division/Department: _____
 Home Address: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____ Email: _____
 Home Phone: _____ Cell Phone: _____

ELIGIBILITY

Must be submitted to Human Resources for eligibility determination

To be eligible for EFMLEA, you must:

- Have worked for Orange County Government for at least 30 days prior to this request, and;
- Be unable to work because you are caring for a minor child/ adult child with a disability since your child's school or daycare is closed [or your childcare is unavailable] due to COVID-19 related reasons.

Note: An employee is only entitled to 12 weeks of FML in total during a 12 month period. If an employee has already exhausted their 12 weeks of FML during this 12 month period, he or she will not be entitled to any additional leave under EFMLEA during this same period.

LEAVE REQUESTED

When applicable, I understand that if I choose to supplement any portion of the County's paid leave with my own leave accruals, such accruals must be used in accordance with existing County policy and/or practices

Leave Start Date: _____ Leave End Date: _____
 Shift (if applicable): A B C How would you like us to contact you: Home Cell Email
 Utilize accrued leave for the first 2 weeks: Yes No
 Utilize accrued leave to supplement 1/3 difference in pay (10 weeks): Yes No
 Type of EFMLEA: Consecutive Intermittent (not an option if used in conjunction with EPSL)
 Frequency: _____ times per _____ week(s) _____ month(s)
 Number of Hour(s) Requested in Full Workday Increments: _____

CHILD / CHILDREN INFORMATION

- Name of the child[ren] being cared for: _____
- Name of the school(s), place(s) of care or child care provider(s) that closed or became unavailable due to coronavirus reasons: _____
- Statement representing that no other suitable person is available to care for the child[ren] during the period of requested leave: _____

I certify that I am unable to work (or telework) because I am caring for a child who is 18 years of age or younger or an adult child who is 18 years of age or older, who (1) has a mental/physical disability, and (2) is incapable of self-care because of that disability. In addition, I also certify that the above statements are true and correct to the best of my knowledge and I understand that a false statement may disqualify me from EFMLEA.

Employee Signature: _____ Date: _____

Please submit completed form to your HR Representative for processing

