



## Emergency Family and Medical Leave Expansion Form

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_  
 Personal Phone #: \_\_\_\_\_ Personal E-Mail: \_\_\_\_\_  
**Leave Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_ **Type:**    Continuous    Intermittent    Both

### Emergency Paid Sick Leave

Requesting Emergency Paid Sick Leave due to reason **(circle one)**:

1. Subject to a government quarantine or isolation due to COVID-19 (if not instructed by state or federal quarantine, documentation is required);
2. Advised by a healthcare provider to self-quarantine due to COVID-19 (documentation required);
3. Experiencing the symptoms of COVID-19 and are seeking a diagnosis (documentation required);
4. Caring for an individual subject to or advised to quarantine or isolate (documentation required);
5. Caring for a son or daughter whose school or childcare is closed or unavailable due to COVID-19 (documentation required for day care closing) – this reason qualifies for up to an additional 10-week period of paid leave beyond the first 80 hours granted under Emergency Paid Sick Leave; or
6. Experiencing substantially similar conditions as those specified by the Secretary of Health and Human Service in consultation with the Secretaries of Labor and Treasury.

**\*All documentation must be emailed to sandi.gilbertson@ndscs.edu through liquidfiles (NDUS file sharing). REMINDER: Please attach documentation (use attach file button), sign and save to your computer. The liquid files button will open, you can attach to that email.**

\_\_\_ I have read page 2 and understand I may be required to submit supporting documentation as soon as possible, but no later than 20 days

\_\_\_ I wish to supplement my pay with eligible sick or annual leave per the policy.

\_\_\_ I understand that leave used will be counted towards my annual 12-week FMLA eligibility

**Please initial how you will pay for your portion of your premium deductions during unpaid leave time:**

I elect to have premiums withheld from the first paycheck received when returning from leave. I understand that if I do not return to work, I will be billed for any elective benefit premiums. Employee Initials: _____	I will pay NDSCS for the premiums/deductions during my absence on a monthly basis. Employee Initials: _____	Not applicable, I am using applicable paid leave. Employee Initials: _____
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*I have been fully informed of NDSCS's leave of absence policy and understand that this will be an unpaid leave except when I am using my applicable paid leave time concurrent. If I am on unpaid leave, I understand that I am responsible to pay for my portion of the voluntary insurance premiums while I am on leave. I hereby give permission to NDSCS to deduct from my paychecks any portion of the insurance premiums I fail to pay during my leave. This includes paychecks I receive when I return from leave or the final payout of any remaining dollars owed to me by NDSCS, such as any remaining hours of annual/sick leave.*

*Remember to attach this in liquid files.*

**Employee Signature**                      **Date Signed**                      **Supervisor/Department Signature**                      **Date Signed**

<b>Eligible</b>	<b>Not Eligible</b>	<b>Leave Details:</b>
<b>Human Resources Signature</b>		

## Emergency Paid Sick Leave (EPSL)

### Eligible:

- Employees, upon first day of hire

### Provides:

- Up to 80 hours of compensation (pro-rated for part-time workers)

### Compensation:

- Reasons 1-3 below: Regular rate of pay up to \$511 per day, and \$5,110 in aggregate.
- Reasons 4-6 below: two-thirds of the regular rate of pay up to \$200 per day, and \$2,000 total in aggregate.
- This leave is separate from accrued annual leave and sick leave.

### **Eligible reasons to use EPSL:**

#### To care for self:

1. Subject to a government quarantine or isolation order due to COVID-19 (if not instructed by state or federal quarantine need to provide documentation);
2. Advised by a healthcare provider to self-quarantine due to COVID-19 (documentation required);
3. Experiencing the symptoms of COVID-19 and are seeking a diagnosis (documentation required);

#### To care for others:

4. Caring for an individual subject to or advised to quarantine or isolate (documentation required);
5. Caring for a son or daughter whose school or childcare is closed or unavailable due to COVID-19 (required for day care closing); or
6. Experiencing substantially similar conditions as those specified by the Secretary of Health and Human Service in consultation with the Secretaries of Labor and Treasury.

### **Required documentation:**

For EPSL, the employee is required to provide “appropriate documentation” identifying the reason for requesting leave, a statement that the employee is unable to work (including telework) for that reason, and the date(s) for which leave is requested. This documentation may include:

- The source of any quarantine or isolation order and may include a copy of the Federal, State or local quarantine or isolation order related to COVID-19 applicable to the employee.
- The name of the health care provider who has advised the employee to self-quarantine, including, for example, written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19.

## Emergency Family and Medical Leave

### Eligible:

- Employees employed 30 days or more
- Employees unable to work (or telework) due to caring for a child whose school or childcare is closed or unavailable due to COVID-19

### Provides:

- Up to 12 weeks of job protected leave
- This leave is subject to the FMLA 12-week annual maximum

### Compensation:

- First 10 days of the leave are unpaid, may substitute EPSL, annual leave, or sick leave.
- Ten remaining weeks of leave are paid at two-thirds of the regular rate of pay, not to exceed \$200 per day and \$10,000 in aggregate.
- This leave is separate from accrued annual leave and sick leave.

### **Required documentation:**

If an employee takes EPSL and/or FMLA+ to care for his or her child whose school or place of care is closed due to COVID-19, employees again must provide “appropriate documentation” in support of leave. Examples include:

- A notice that has been posted on a government, school, or day care website, or published in a newspaper; or
- An email from an employee or official of the school, place of care, or child care provider