

PURPOSE:

Chatham Area Transit will follow the requirements of the **Families First Coronavirus Response Act (FFCRA)**. The FFCRA creates two new emergency paid leave requirements in response to the COVID-19 global pandemic that will remain in effect from April 1, 2020 through December 31, 2020.

DEFINITIONS

None.

SPECIFICS:

“The Emergency Paid Sick Leave Act” (EPSLA) entitles certain employees to take up to two weeks of paid sick leave. “The Emergency Family and Medical Leave Expansion Act” (EFMLEA) amends Title I of the Family and Medical Leave Act, 29 U.S.C. 2601 et seq. (FMLA) and permits certain employees to take up to twelve weeks of expanded family and medical leave, ten of which are paid, for specified reasons related to COVID-19.

FFCRA covers all full-time and part-time employees of CAT.

PROCEDURE

1. The Emergency Paid Sick Leave Act (EPSLA)

Full time employees are eligible for 80 hours of paid sick pay and part-time employees are eligible for a pro-rated portion of hours based on the average number of hours they work over a typical two-week period.

Eligible reasons for receiving EPSLA Pay include the following:

- a. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- b. The employee has been advised by a health care provider to self-quarantine related to COVID-19;
- c. The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
- d. The employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);

Approved By: Board of Directors on August 25, 2020

- e. The employee is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; or
- f. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Employees will be paid their regular rate of pay up to a daily cap of \$511 and \$5,110 in the aggregate for ESPL reasons No. 1, 2, or 3 above. Employees will be paid 2/3 of their regular rate of pay up to a daily cap of \$200 and \$2000 in the aggregate for EPSL reasons No. 4, 5, or 6 above.

2. Extended Family & Medical Leave Act (EFMLA)

Employees are eligible for EFMLEA leave if they have been employed by CAT for at least 30 days and have not already exhausted their 12-week FMLA entitlement. EFMLEA benefits are available to eligible employees that are unable to work or telework due to caring for a child under 18 years of age because his/her school or place of care has been closed, or his/her childcare provider is unavailable due to reasons related to COVID-19.

The first 2 weeks of EFMLEA leave is unpaid, however, employees may elect to use available EPSLA leave or other sources of accrued leave during this two-week period. Thereafter, employees can take up to 10 weeks of leave (depending upon how much FMLA leave they have previously taken for other reasons) at 2/3 their regular rate of pay up to a daily cap of \$200 and \$10,000 in the aggregate.

3. Documentation of Eligibility

Employees are required to complete a FFCRA Request Form documenting their need for EPSLA and/or EFMLEA leave. However, we understand that it is not always possible to complete the Request form immediately. Therefore, documentation of the need for leave under EPSLA and/or EFMLEA leave is not required prior to your leave. However, the Company reserves the right to require such documentation later on. Employees found to have abused these new Emergency Sick Pay or Family Leave Procedures may be subject to disciplinary action, up to and including termination of employment.

4. Applying For FFCRA Benefits

Employees who feel they meet the requirements to qualify for either or both of these benefits under the FFCRA must complete the CAT FFCRA Leave Request Form, which can be obtained from Human Resources by calling 912-629-3906 or emailing hr@catchacat.org.

Process Number: ADMIN.2021.02
Rev. No.: N/A
Effective Date: 8/25/20
Origination Date: 8/25/20
Replaces: N/A

5. Posting of FFCRA Benefits

CAT will post a notice of the FFCRA requirements from the Department of Labor in a conspicuous place on its premises.

REFERENCES:

- A. COVID-19 Response Policy

APPLIES TO:

All employees of Chatham Area Transit Authority

ATTACHMENTS:

- A. Attachment A: FFCRA Request Form
- B. Attachment B: DOL FFCRA Poster

Attachment A



LEAVE REQUEST FORM (To Be Completed by Employees Seeking FFCRA Leave)

INSTRUCTIONS: Use this form to request leave under the Emergency Family and Medical Leave Expansion Act (EFMLEA) and/or the Emergency Paid Sick Leave Act (EPLSA), both of which were enacted as part of the Families First Coronavirus Response Act (“FFCRA”). Submit the completed form and supporting documentation to **Human Resources at 912-629-3906 or hr@catchacat.org**. Please review the Employee Rights Poster for more information about the benefits you may be eligible to receive.

Employee Name (print clearly): _____

Department: _____

Manager: _____

Leave Start Date: _____

Leave End Date: _____

SECTION A – REASONS FOR LEAVE

Please check the appropriate boxes to indicate whether you are requesting EPLSA leave and/or EFMLEA leave:

- I am requesting EPLSA leave because I am unable to work or telework due to the following reason: (**Select 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 due to concerns related to COVID–19.
 - 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.
 - 4) I am caring for an individual who is subject to either number 1 or 2 above.
 - 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to reasons related to COVID–19.
 - 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

The EPLSA provides up to 80 hours of paid time for full-time employees (part-time employees receive the equivalent of 2 weeks of pay). Employees will be paid their regular rate of pay up to a daily cap of \$511 and \$5,110 in the aggregate for EPLSA reasons No. 1, 2, or 3 above. Employees will be paid 2/3 of their regular rate of pay up to a daily cap of \$200 and \$2000 in the aggregate for EPLSA reasons No. 4, 5, or 6 above.

I am requesting EFMLEA leave because I am unable to work or telework due to caring for my son or daughter because his/her school or place of care has been closed, or his/her childcare provider is unavailable, due to reasons related to COVID-19.

Employees are eligible for EFMLEA leave if they have been employed for at least 30 days with the Company and have not already exhausted their 12 week FMLA entitlement. If available, the first 2 weeks of EFMLEA leave is unpaid, however, employees may elect to use available EPSLA leave or other sources of accrued leave during this two-week period. Thereafter, employees can take up to 10 weeks of leave (depending upon how much FMLA leave they have previously taken for other reasons) at 2/3 their regular rate of pay up to a daily cap of \$200 and \$10,000 in the aggregate.

SECTION B – SUPPORTING LEAVE DOCUMENTATION

You are required to submit documentation supporting your need for EPSLA and/or EFMLEA leave. Please answer the question(s) applicable to your leave reason. The Company may request you provide additional material needed to comply with FFCRA and IRS requirements. If you fail to provide requested information, the Company may delay or deny your leave request.

1. Name of the federal, state or local government entity that issued the Quarantine or Isolation Order causing you to take leave **(for EPSLA leave reasons (1) or (4) above):**

2. Name of the healthcare provider who advised you or an individual to self-quarantine due to concerns related to COVID-19 **(for EPSLA leave reasons (2) or (4) above):**

3. Check “Yes” to confirm you are requesting leave because you are experiencing symptoms of COVID–19 and seeking a medical diagnosis **(for EPSLA leave reason (3) above):** YES

Symptoms experiencing: _____

Date of COVID-19 Test or Health Care appointment: _____

4. Name of the person you are caring for and their relation to you **(for EPSLA leave reason (4) above):**

Name: _____

Relationship to you: _____

5. Name and age of child(ren) being care for **(for EPSLA leave reason (5) above and/or EFMLEA leave):**

6. Name of School(s), Place(s) of Care or Child Care Provider(s) that is/are closed or unavailable **(for EPSLA leave reason (5) above and/or EFMLEA leave)**:

7. Check “Yes” to confirm no other suitable person(s) will be caring for your child during any period of your EFMLEA leave or EPSLA leave **(for EPSLA leave reason (5) above and/or EFMLEA leave)**: YES

8. Are you unable to work or telework because you need to provide care for a child that is over 14 years of age during day light hours? YES NO

If you checked “YES,” please describe the special circumstances/reasons that require you to provide care for your child at that time:

SECTION C – USE OF PAID TIME OFF TO SUPPLEMENT EPSLA LEAVE BENEFITS

If my pay during EPSLA leave is less than my regular rate of pay, I elect to use any accrued paid time I have available to supplement my EPSL benefits up to my regular rate of pay: YES NO

SECTION D – EMPLOYEE CERTIFICATION

I certify the information I have provided in this form, including the reason I need leave and information provided in support of my need for leave, is truthful and accurate. I further certify that if I am taking EFMLEA leave or EPSLA leave for reason 5 (to care for my child), that no other suitable person will be caring for my son or daughter during the period for which I take this leave. If this changes, I agree to promptly notify the Company. I understand that providing false information or obtaining leave under false pretenses can result in discipline up to termination of employment.

Employee Signature: _____

Date: _____

Attachment B EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">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 and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
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► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd

