



## Notice of Need for Families First Coronavirus Response Act (FFCRA) Leave

This notice should be provided to managers/HR liaisons from employees who need paid sick leave or expanded family and medical leave for specified reasons related to COVID-19 through December 31, 2020. The law provides for certain exclusions for health care providers and emergency responders. Consult with your elected/appointed official or county executive on whether these exclusions apply. Visit <https://www.dol.gov/agencies/whd/pandemic> for more info.

### EMERGENCY PAID SICK LEAVE

Under the FFCRA, as a Travis County employee you qualify for paid sick time if you are unable to work (including unable to telework) due to a need for leave because you  
**(Select all that are applicable):**

1. are subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. have been advised by a health care provider to self-quarantine related to COVID-19;
3. are experiencing COVID-19 symptoms and are seeking a medical diagnosis;
4. are caring for an individual subject to an order described in (1) or self-quarantine described in (2);
5. are caring for your child whose primary or secondary school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19 (Add Info Below for Child/School)

Anticipated Date/Date Range Needed: \_\_\_\_\_

(If #5) Indicate Son/Daughter's Names & Ages \_\_\_\_\_

Childcare Providers or Schools \_\_\_\_\_

### EMERGENCY FAMILY MEDICAL LEAVE FOR SCHOOL CLOSURE

***! IF YOU HAVE USED FMLA IN THE LAST 12 MONTHS, YOU MUST CONTACT YOUR FMLA ADMINISTRATOR FOR PROCESSING !***

Under the FFCRA, you may also qualify for expanded family medical leave if you are caring for your child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19 and you are unable to telework.

**Initial below if you need this leave.**

\_\_\_\_\_ I have been employed with Travis County for over 30 calendar days, am unable to telework, and need additional leave to care for my child whose primary or secondary school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19. I understand I may take up to a total of 12 weeks of job-protected leave. I understand the first two weeks are unpaid unless I choose to use leave I am entitled to (including emergency paid sick leave as described above). Any additional time, up to 10 weeks minus any previous FMLA use within the previous 12 months, will be paid emergency family medical leave under the FFCRA. I have communicated with my supervisor the amount of time I anticipate needing.

### **EMPLOYEE ACKNOWLEDGEMENT**

I have read and understood the criteria listed for paid sick leave and expanded family and medical leave. I have either attached the relevant documentation to this request or will immediately when I receive the documentation.

I acknowledge that I currently meet one of five criteria above for the requested leave.

My signature below verifies that any the information I provided information on this form and any documentation submitted with it is true and accurate. I understand I may be subject to a leave adjustment or disciplinary action in the event I provided false information.

**Name of Employee** \_\_\_\_\_

**Employee Signature (Transmittal via Email is Acknowledgement)**

**Date:** \_\_\_\_\_