

# Requesting Emergency Paid Sick Leave (FFCRA)

This guide is intended to assist employees in requesting Emergency Paid Sick Leave Under the Families First Coronavirus Response Act.



*Rev. 4.2020*

Submit a request for emergency paid sick leave under the Families First Coronavirus Response Act (FFCRA).





## To log into the system:

- go to: [SAP Portal](#)

Go to the COVID-19 Leave Requests Group. There are four (4) tiles in the group; two (2) for requests and two (2) for reporting. To request up to 80 hours of emergency paid sick leave click on the tile labeled **COVID-19 Emergency Paid Sick Leave Request**.



## Step 1. Answer the questions about working remotely.

    COVID-19 Emergency Paid Sick Leave Request


### Purpose


The purpose of this form is to request leave based on the Families First Coronavirus Response Act (FFCRA). The Act provides employees with Emergency Paid Sick Leave or Expanded Family and Medical leave for specified reasons related to COVID-19. Leave under this act does not carry over from one year to the next. The relief from FFCRA has an end date of December 31, 2020. Please complete the form below to request Emergency Paid Sick Leave based on FFCRA.

### Employee Information

Name:	<b>Ms Boko Bobcat</b>	Texas State ID:	<b>A00017037</b>	<b>(00000515)</b>	Employee Group:	<b>Staff</b>	EE Subgroup	<b>12 Mo Ex Salaried</b>	Status:	<b>Active</b>
Job Title:	<b>Assoc Dir, Core Systems</b>	Department:	<b>Core Systems</b>		Division:	<b>1200 Information Technology</b>			Job FLSA Status:	<b>Exempt</b>
Supervisor:	<b>Ms Leah Lynx</b>									

### Working Remote

Are you currently working remotely for any part of your work week?  

Request in Progress  

**Step 2.** Click the box beside the reason that identifies the need for the leave. The six (6) reasons in the list are the only reasons under the FFCRA that qualify for emergency paid sick leave. Also note that under the list of reasons you will see how the leave will be paid out based on the reason selected.

Reason

**Please select one reason below why you are requesting leave.**

Under the FFCRA, an employee qualifies for Emergency Paid Sick Leave if the employee is unable to work (or unable to telework) due to a need for leave because the employee:

- 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (does not include Stay at Home or Shelter in Place orders);
- 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);
- 5. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
- 6. 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.

A full-time employee is eligible for up to 80 hours of Emergency Paid Sick leave; a part-time employee is eligible for the number of hours normally worked over a two-week period.

Reasons 1, 2 and 3 are paid at full pay (max of \$511 per day).

Reasons 4, 5, and 6 are paid at two-thirds of the regular rate of pay (max of \$200 per day).

**Step 3.** Enter the start and end date for the FFCRA sick leave request.

**Date Range**

Start Date   End date  

**Step 4.** IRS requires specific requirements for supporting documentation. Please review the requirements and gather the required documents to attach to the request.

**Attachments**

**IRS Supporting Document Requirements**

**IRS requirements that must be included in your attachments.**

- A statement that you are unable to work including by means of telework
- In the case of a leave request based on a quarantine order or self-quarantine advice, your documentation should include the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine, and, if the person subject to quarantine or self-quarantine is not you, provide the person's name and relation to you
- In the case of a request based on a school closing or child care provider unavailability, include a statement that identifies the name and age of the child (children) to be cared for, the name of the school or place of care that is closed and a statement that no other person will provide care for the child/children during the period for which you are receiving family medical leave and, with respect to your inability to work or telework because of a need to provide care for a child older than 14 during daylight hours, a statement that special circumstances exist requiring the employee to provide care.

**Step 5.** Attach the supporting documentation. A request cannot be submitted without attachments.

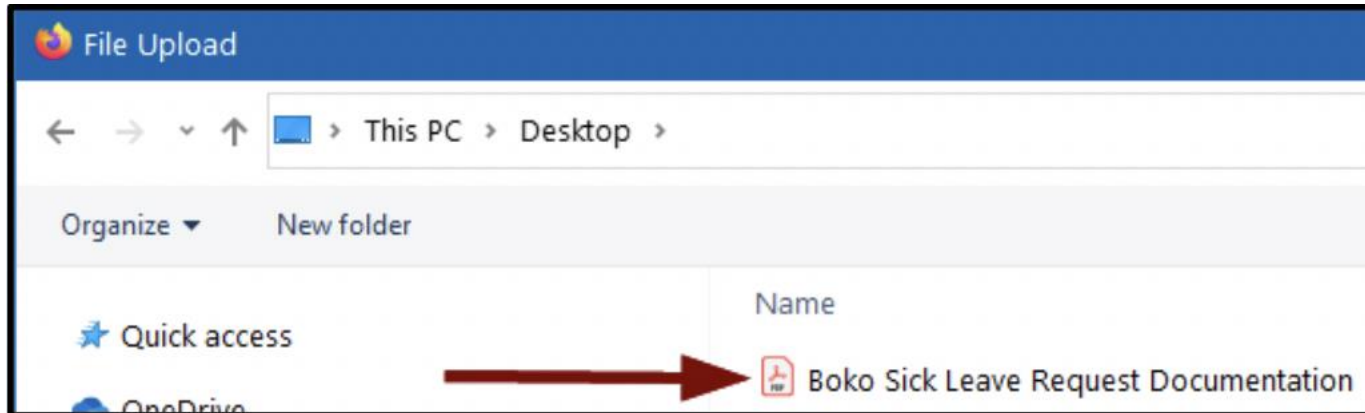
Click on the button “New Attachments”



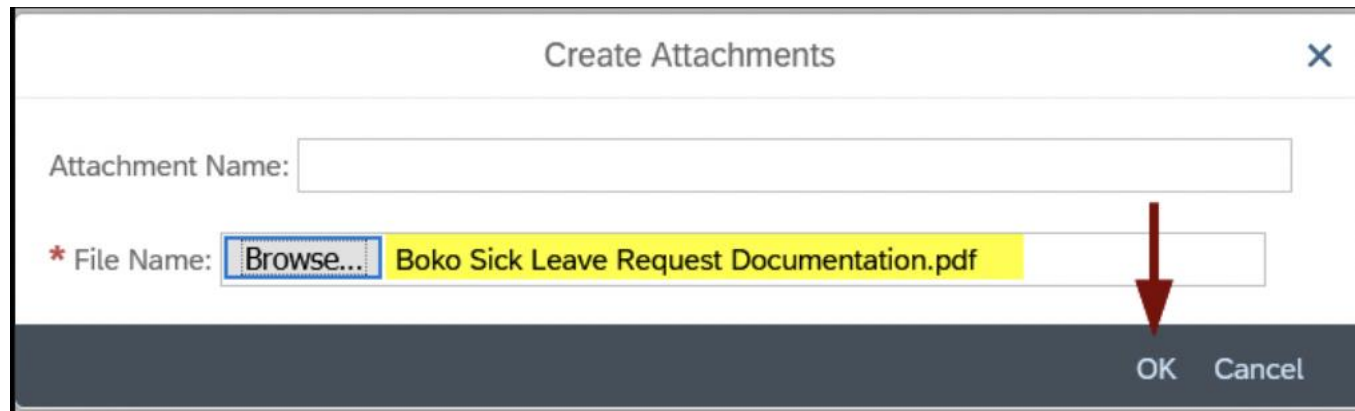
Click the “Browse” button to search and find documents.



Double-click on the document to select it.






The document is returned to the request. Click the "OK" button.





Document is attached to the request. Repeat the process for attaching additional documentation.

Type	Title		Created On	Actions
	boko sick leave request documentation.pdf		04/16/2020	 

To view the attached document, click on the eyeglass icon.

Type	Title		Created On	Actions
	boko sick leave request documentation.pdf		04/16/2020	 



To delete the attached document and start over, click the trash can icon.

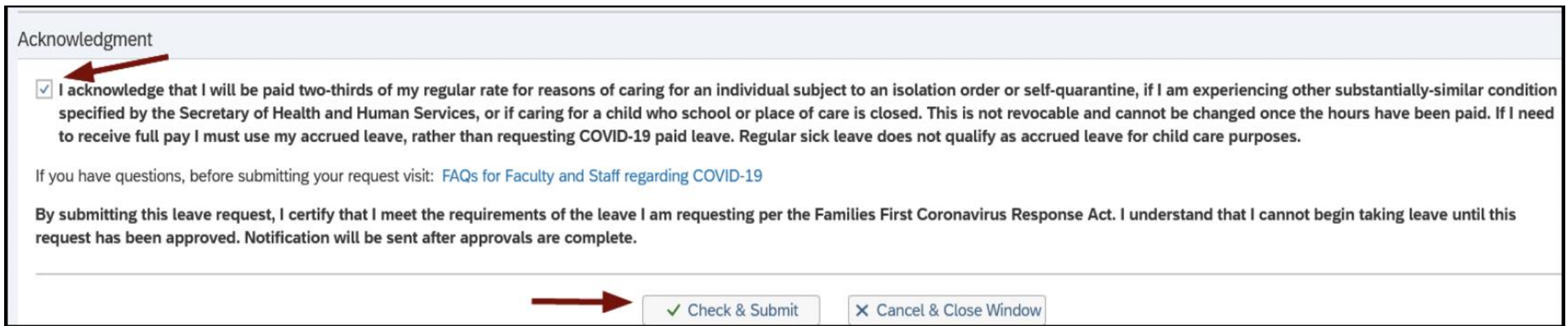
Type	Title		Created On	Actions
	boko sick leave request documentation.pdf		04/16/2020	 

**Step 6.** Read the acknowledgment section and check the box to accept.

*Note that this is not revocable and cannot be changed once the emergency sick leave hours are paid.*

If full pay is needed, accrued leave must be used rather than leave provided under FFCRA. Regular sick leave does not qualify as accrued leave for childcare purposes.

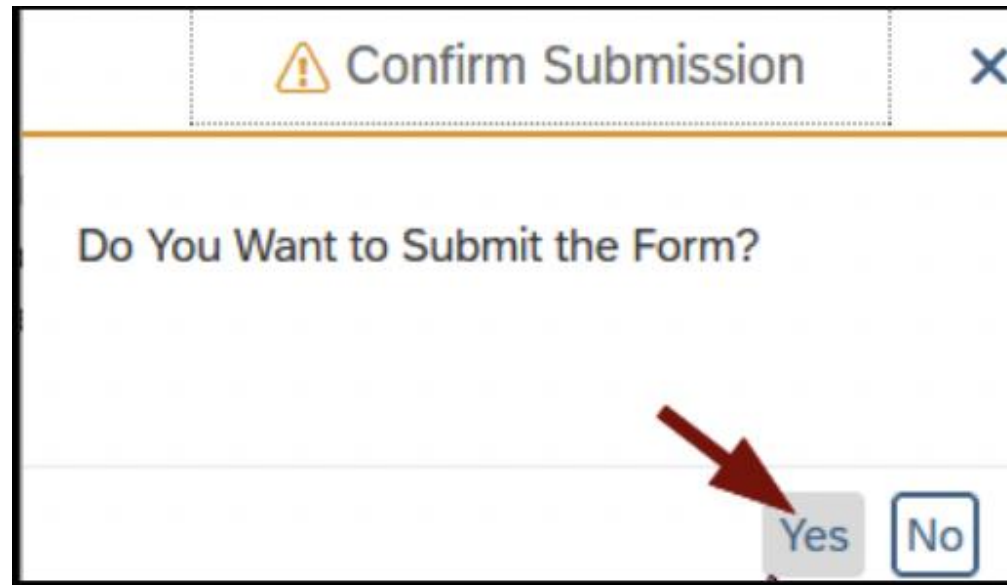
For questions, review the [FAQs for Faculty and Staff regarding COVID-19](#).



A screenshot of a web form titled "Acknowledgment". The form contains a checked checkbox with a red arrow pointing to it. The text of the checkbox is: "I acknowledge that I will be paid two-thirds of my regular rate for reasons of caring for an individual subject to an isolation order or self-quarantine, if I am experiencing other substantially-similar condition specified by the Secretary of Health and Human Services, or if caring for a child who school or place of care is closed. This is not revocable and cannot be changed once the hours have been paid. If I need to receive full pay I must use my accrued leave, rather than requesting COVID-19 paid leave. Regular sick leave does not qualify as accrued leave for child care purposes." Below this is a link: "If you have questions, before submitting your request visit: [FAQs for Faculty and Staff regarding COVID-19](#)". At the bottom, there is a certification statement: "By submitting this leave request, I certify that I meet the requirements of the leave I am requesting per the Families First Coronavirus Response Act. I understand that I cannot begin taking leave until this request has been approved. Notification will be sent after approvals are complete." At the bottom right, there are two buttons: "✓ Check & Submit" and "✗ Cancel & Close Window". A red arrow points to the "Check & Submit" button.

Click the “Check & Submit” button to submit request.

**Step 7.** Confirm to submit the request. The request is submitted into workflow for approval. Email notification is sent when the FFCRA sick leave request is approved.



This completes the steps in this user guide.

