HUMAN RESOURCE SERVICES
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SUBJECT: **Families First Coronavirus Response Act (FFCRA or ACT)**

TO: All Employees

DATE: August 26, 2020

PREPARED BY: Clarissa Ramirez, Classification and Compensation Specialist

DEPARTMENT: Human Resource Services

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This memorandum provides information on **Families First Coronavirus Response Act (FFCRA or Act)** and applies to all District Classified, Certificated, and Management employees.

The Families First Coronavirus Response Act (FFCRA or Act) requires that districts 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.

An employee is entitled to take leave related to COVID-19 if the employee is unable to work and if the following apply:

1. The employee subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. The employee has been advised by a health care provider to self-quarantine related to COVID-19;
3. The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. The employee caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. The employee 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; or
6. The employee experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

Employees are eligible for up to two (2) weeks of fully or partially paid sick leave for COVID-19 related reasons. Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional ten (10) weeks of a partially paid Expanded Family and Medical Leave of Absence (FMLA) for reason #5 above.

To qualify for a leave, employees will need to submit a Leave of Absence Application with Human Resources for approval. For your convenience, enclosed is the FFCRA leave of absence information and direct links to the required forms.

For additional questions, please contact Clarissa Ramirez, Classification and Compensation Specialist by email at Clarissa-Ramirez@scusd.edu. To learn more about Families First Coronavirus Response Act (FFCRA or ACT), please visit our leave of absence website at https://www.scusd.edu/leave-absence or direct link to SCUSD FFCRA website.

LEAVE OF ABSENCE INFORMATION AND FORMS **Families First Coronavirus Response Act (FFCRA or ACT)**		
LEAVE OF ABSENCE	**LINKS TO DOCUMENTS**	**DIRECTIONS**
Leave of Absence Check List	**Leave of Absence Request Checklist**	**Leave of Absence Checklist**
STEP 1 **GENERAL LEAVES ABSENCE (Required Form)**	**PSL-F004 Leave of Absence Request**	**Complete and Submit PSL-F004** 1. Ensure to Specify Type of Leave: FFCRA and State reason. 2. Submit to Administrator for Approval. 3. Additional supporting documentation may be requested. **Please see additional specific information depending on the type of leave being requested:** **Go to Step 2A:** If this is for Employee's Serious Health Condition **Go to Step 2B:** If this is for a Family Member's Serious Health Condition **Go to Step 2C:** If this is to care for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19, please state the Reason, Age(s) of Children, Name of School, Day Care Provider/Facility.
STEP 2A **EXPANDED EMPLOYEE FMLA** For Employee's Serious Health Condition	**PSL-F007A** **WH-380E**	**Complete and submit the PSL-F007A and completed WH-380E from employee's health care provider.** **PSL-F007A** Employee's Serious Health Condition **WH-380E FORM**- Certification of Health Care Provider for Employee's Serious Health Condition under Family and Medical Leave Act **Go to Step 3A**

STEP 2B **EXPANDED EMPLOYEE FMLA TO CARE FOR FAMILY MEMBER** To Care for a Family Member's Serious Health Condition	**PSL-F007B** **WH-380F**	**Complete and submit the PSL-F007B and completed WH-380F from employee's family member's health care provider.** **PSL-F007B** Family Member's Serious Health Condition **WH-380F FORM** - Certification of Health Care Provider for Family Member's Serious Health Condition under the Family and Medical Leave Act **Go to Step 3A**
STEP 2C **EXPANDED EMPLOYEE FMLA TO CARE FOR A CHILD**	**PSL-F007B**	**Complete PSL-F007B** If this is to care for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19, provide Child's Name, Age, and School or Day Care Provider/Facility.) **PSL-F007B** Family Member's Serious Health Condition (Used for FFCRA Child Care and WH-380F not required.) **Go to Step 3A**
STEP 3A **RETURN FROM LEAVE OF ABSENCE**	**PSL-F094 Return From Leave of Absence**	**Complete Intent to Return from Leave of Absence** Please note: If this is a medical leave, employee will need to attach a copy of the doctor's note allowing employee to return to work. **Go to Step 4** **If employee intends to extend the leave of absence,** 1. For Represented Employees, please refer to Collective Bargaining Agreement. 2. For Non-Represented Employees, please email Clarissa-Ramirez@scusd.edu. **If employee intends to resign or retire at the end of employee's leave of absence, go to Step 3B.**
STEP 3B **RESIGNATION/RETIREMENT FORM**	**PSL-F008 Resignation-Retirement Form**	**If it is employee intends to Resign or Retire at the end of employee's leave of absence**, please complete PsL-F008 and submit **Go to Step 4**
STEP 4 **SUBMIT AND EMAL COMPLETED APPLICATION AND FORMS**		**Submit completed forms by Email (from Step 1, 2 and 3) to LEAVES@SCUSD.EDU**

LEAVE OF ABSENCE – GENERAL INFORMATION HUMAN RESOURCES	**Leave of Absence Questions**	Clarissa Ramirez Classification and Compensation Specialist Human Resource Services Email: Clarissa-Ramirez@scusd.edu Office: 916-643-7473

SCUSD request that you provide 30 days advance notice when the leave is "foreseeable." If empoyee does not notify the District in advance for foreseeable leave, the District may delay employee's leave, as necessary, to make appropriate arrangements for employee's temporary replacement. Such delay will not postpone employee's leave for more than thirty (30) days from the date of employee's request.
Required documents and forms should be carefully reviewed for completion before submitting.
Submitting an incomplete application may delay approval. Please expect a **response within 5 business days** in response to leave of absence request.

For staffing purposes, employees must communicate with their Principal or Supervisor regarding any leave of absence request. Employees must report absences accordingly as their school site/department is responsible for reporting employee's absences even if the employee is on a leave of absence. If absence(s) are COVID-19 related, a reason code with "COVID" should be inputted.

Please be advised the information provided is pertains to the FFCRA (or ACT). Please see additional resources below for additional leave of absence information.

ADDITIONAL RESOURCES

ADDITIONAL LEAVE OF ABSENCE INFORMATION	**ADDITIONAL LEAVE FORMS**	For additional information on Leaves, please refer to https://www.scusd.edu/leave-absence. For additional information on Leaves for Represented Employees, please refer to Collective Bargaining Agreement.
SUBSTITUTE SERVICES HUMAN RESOURCES	**Access to Frontline** **Substitute Related Questions**	https://www.scusd.edu/frontline-login Bobbie Jo Argo Personnel Technician Substitute Services Email: Bobbie-Jo-Argo@scusd.edu Office: 916-643-9493
COMPENSATION AND BENEFITS	**Please contact Employee Compensation and Benefits regarding payroll questions.**	Employee Compensation and Benefits Information https://www.scusd.edu/staff-contact-pod/employee-compensation-benefits-teams

DISABILITY INSURANCE	**If you have Disability Insurance Questions, please contact:**	**Risk Management** Keyshun Marshall, Coordinator, (916) 643-7901, Keyshun-Marshall@scusd.edu Martine Kruger, Risk Management Specialist, (916) 643-9421, KrugerM@scusd.edu Amber Pena, Disability Management Specialist (916) 643-7895, amber-pena@scusd.edu