

Dear Employers,

We are writing to give you information on the Families First Coronavirus Response Act (FFCRA). This is a new law to help employees in this time of national emergency. The law requires that you let your employees know about FFCRA benefits. Please share the poster included with all your employees.

What is the Families First Coronavirus Response Act (FFCRA)?

- The FFCRA provides paid sick time and paid Family Medical Leave Act (FMLA) time to those affected by the novel coronavirus disease, COVID-19. It starts April 1, 2020 and goes through December 31, 2020. It is being enforced starting April 18, 2020.
- There are two types of benefits your employees may be eligible for:
 - One is for up to 14 days of Paid Sick Time. It is for employees who cannot work due to being sick or a closed care setting because of COVID-19 (Paid Sick Time).
 - The other is for up to 10 weeks of 2/3rds pay when employees cannot work because their child's school or childcare provider is closed because of COVID-19 (FMLA).
 - There are different rates of pay based on their situation. iLIFE will help you with calculating those amounts based on the reason and what your employees have been previously paid.

Will the funds come out of my budget?

- No, the funds will come out of taxes that would normally go to the government.

How does an employee qualify for paid sick time?

- The employee must fall under one of the six reasons on the poster. All of these reasons are related to COVID-19. Please see the poster from the Department of Labor that is also with this letter to help you.

How does an employee qualify for Expanded Family and Medical Leave under the FFCRA?

- An employee may get Expanded Family and Medical Leave benefits if they are caring for their child whose school or place of care is closed (or childcare provider is closed) due to COVID-19.
- The employee must have worked for at least 30 days.

Will an employee need to provide documentation for their leave?

- Yes, employees will need to complete the employee FFCRA Claim Form showing that they fall under one of the six reasons. Employees will need to list all requested information on the form.

Does it apply to me and my employees?

- Yes, the FFCRA applies to you because you have less than 500 employees. In very rare cases, you could be exempted from this act. This would have to be decided on a case-by-case basis and would have to be sent in writing.
- You must tell your employees about these benefits. A poster from the Department of Labor is with this letter for you to share with them.

How is the paid time figured out if they are not working?

- Employees are paid based on the hours they normally work. iLIFE will help you with the amount using what they were paid in the past.

How does an employee apply to be paid under the FFCRA?

- Employees must complete and return iLIFE's FFCRA Claim Form.

When will my employees be paid for sick leave and Expanded Family and Medical Leave through FFCRA?

- Employees will be paid by the payroll schedule. Employees should complete and send the form by the due date listed on the schedule.

Is this the same as unemployment benefits?

- No, employees get unemployment benefits when they are laid off or cannot work. The FFCRA benefit is paid for sick time and Expanded Family and Medical Leave related to COVID-19 for those still employed. An employee cannot get benefits for both FFCRA and unemployment at the same time.

Can my employee just say they have COVID-19 symptoms and get this benefit?

- Generally, no, an employee must be seeking a medical diagnosis or be told by a health care provider to self-quarantine.

Should I provide this leave to my employees?

- To help you make the decision that fits your situation best, please refer to the FFCRA decision tree on our website at: <https://www.iLIFEfms.com/iLife/COVID-19-Updates.htm>

Where can I learn more?

- <https://www.dol.gov/agencies/whd/ffcra>
- <https://www.iLIFEfms.com/iLife/COVID-19-Updates.htm>

Who can I contact if I have questions?

- If you have any questions, contact us using one of the below options:
 - Phone: 888-800-5599
 - Email: FFCRA@iLIFEfms.com

For a digital copy of this packet, as well as additional resources regarding the Families First Coronavirus Response Act (FFCRA), please visit our website by scanning the QR code to the right, or using the URL referenced throughout this FAQ.



Instructions: This form should be used for participant-hired workers who are unable to work and therefore requesting payment under the Families First Coronavirus Response Act (FFCRA) for paid sick leave and/or extended family leave beginning April 1, 2020.

If you have questions on whether you qualify, and to calculate the rate at which you could be paid, please visit <https://www.dol.gov/agencies/whd/ffcra> and <https://www.iLIFEfms.com/iLife/COVID-19-Updates.htm>.

BASIC INFORMATION

Participant-hired Worker Name:

Participant Name:

SECTION 1: PAID SICK LEAVE - *Unable to Work or Telework*

Select the option below that you qualify for.

- Reason 1:** I qualify for paid sick leave because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

Provide the name of the government entity that issued the quarantine or isolation order.

- Reason 2:** I qualify for paid sick leave because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Provide the name of the health care provider who advised you to self-quarantine.

- Reason 3:** I qualify for paid sick leave because I am experiencing symptoms of COVID-19 and am seeking medical diagnosis.

Provide the name of the health care provider who you are seeking a diagnosis from.

- Reason 4:** I qualify for paid sick leave because I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Provide the name of the health care provider who you are seeking a diagnosis from.

Provide your relationship to the listed individual.

Please provide either (1) the government entity that issued the quarantine or isolation order to which the individual is subject or (2) the name of the health care provider who advised the individual to self-quarantine:

Reason 6: I qualify for paid sick leave because I am experiencing another substantially similar condition related to COVID-19.

Provide the name of the health care provider who you are seeking a diagnosis from.

I am claiming paid emergency sick time for Section 1 under FFCRA on the following dates:

Start Date	End Date

Note: The date range claimed cannot exceed 14 calendar days. The FFCRA benefit will pay your average daily rate for up to two weeks. The specific amount you can receive is based on what you are normally scheduled in a workweek.

SECTION 2: PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE - Unable to Work or Telework

Select the option below that you qualify for.

Reason 5: I qualify for expanded FMLA to care for my child, whose school or place of care is closed (or child care provider is unavailable), due to COVID-19 related reasons.

Provide (1) the name of the child being cared for.

Provide (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons:

And (3) do you confirm that no other suitable person is available to care for the child during the period of requested leave: YES NO

I am claiming paid emergency sick time for Section 2 under FFCRA on the following dates:

Start Date	End Date

Note: The date range claimed cannot exceed 14 calendar days. The FFCRA benefit will pay 2/3rd of your average daily rate for up to two weeks. The specific amount you can receive is based on what you are normally scheduled in a workweek.

I am claiming paid extended family medical leave act time for Section 2 under FFCRA on the following dates:

Start Date	End Date

Note: The date range claimed cannot exceed 10 weeks or 70 calendar days. The FFCRA benefit will pay 2/3rd of your average daily rate for up to ten weeks. The specific amount you can receive is based on what you are normally scheduled in a workweek.

SECTION 3: ATTESTATION

I understand that if my situation changes and I no longer qualify and/or return to work, I will notify iLIFE immediately. I cannot receive payment for time worked for my employer while claiming sick time or FMLA. I attest that, for the reason above, I am unable to work, including telework, even though work is available. If it is found that I did not qualify for paid sick time or FMLA under FFCRA I will have to pay back the funds received and may be subject to punishment by governing authorities.

Participant-hired Worker Signature: _____

PHW #: _____

Date: _____

Please submit all completed FFCRA Claim Forms to FFCRA@iLIFEfms.com.

To submit the FFCRA Claim Form electronically, please visit our website by scanning the QR code to the right, or using the URL referenced throughout the FAQ.



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;
- $\frac{2}{3}$ 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 $\frac{2}{3}$ 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:

- | | |
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| <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

