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UMS_HR_Request for Paid Leave under Families First Coronavirus Response Act Form

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Request for Paid Leave under Families First Coronavirus Response Act

The University will comply with the Families First Coronavirus Response Act (FFCRA) which provides eligible employees with paid sick leave and expanded family and medical leave for eligible employees unable to work or telework due to specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

Submit this form to apply for the FFCRA paid leave.

Personal Information

Employee ID (7 digits) *

Last Name, First Name *

Campus *

Employee Type *

Telephone number where we can reach you

Employee's @maine.edu Email Address *

Supervisor's Email address *

Leave of Absence Request Information

You may be eligible for Emergency Paid Sick Leave and/or Emergency Family Medical Leave if you are unable to work (including working remotely) for one of the following reasons: Select the option that best describes your situation: *

Leave Type *

Start Date of Leave *

Expected Return to Work Date (email benefits@maine.edu if this date changes) *

Note that you may only be eligible for pay for up to 2 weeks or 12 weeks depending on eligibility and type of leave requested.

Leave for family care pays 67% of your salary. Check here if you would like to use your available sick, vacation and/or compensatory time balances to supplement to 100% pay, if applicable.

Additional Information *

Use this space to provide further information to support the reason for leave described above including why you're not able to work and/or telework. Also provide the days/hours you're not able to work if you selected Intermittent/irregular leave or any other additional information you would like to submit with this request. This is a required field; enter "see uploaded document" if applicable.

Upload Appropriate Documentation to Support Reason for Leave

Per DOL guidelines, either enter information above or upload a picture or other document that shows the name of the government entity that issued the quarantine or isolation order to which you are subject, if that is the reason for paid sick leave.

If you are seeking leave because you are self-quarantined, provide a document that contains the name of the health care provider making the quarantine recommendation. If you are caring for a person who is quarantined, provide either the government entity that issued the quarantine or isolation order or the name of the health care provider who advised the individual to self-quarantine.

For a childcare reason #5, upload a document that contains:

The name of the child being cared for.

The name of the school, place of care or child care provider that closed or became unavailable due to coronavirus reasons.

A statement representing that no other suitable person is available to care for the child during the period of requested leave.

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Attestation

By submitting this form, I attest that I am unable to work or telework because of the reason selected above.