

04/23/2020

Families First Coronavirus Response Act (FFCRA)

Department Training

Agenda

1. Overview of COVID 19 paid leave options
 - a. Paid Leave Options
 - b. FFCRA Eligibility Requirements
 - c. Expanded Family and Medical Leave (EFML) deep dive
2. Process
 - a. Emergency Paid Sick Leave (EPSL) Process
 - i. Employee roles and responsibilities
 - ii. Department roles and responsibilities
 - b. Expanded Family Medical Leave (EFML) Process
 - i. Employee roles and responsibilities
 - ii. Department roles and responsibilities
 - c. Human Resources Process
3. EFML for Hybrid Schedules--updated 11/16/20
4. Resources for determining appropriate paid leave

Overview of COVID-19 Paid Leave Options

Overview of COVID-19 leave options

- UC Paid Administrative Leave- PAL
Through 12/31/20
- Families First Coronavirus Response Act (FFCRA):
Federal entitlement for employees impacted by COVID-19
effective 4/1/20- 12/31/20.
 - Emergency Paid Sick Leave (EPSL)
 - Expanded Family Medical Leave (EFML)
- April 15 communication
<https://www.hr.ucsb.edu/news/covid-19-related-leaves-and-job-protections-guidance>

UC Expanded Paid Administrative Leave (PAL)	FFCRA Emergency Paid Sick Leave (EPSL)	FFCRA Expanded Family & Medical Leave (EFML)
128 hours or 16 days for FTE prorated for part-time appointees	80 hours for FTE or the two-week equivalent for part-time appointees	Up to 12 workweeks for any eligible appointee
March 1 – December 31, 2020	April 1 – December 31, 2020	April 1 – December 31, 2020
No prior service requirements	No prior service requirements	On payroll for 30 calendar days immediately prior to the leave
Must be taken in whole day increments but may be taken intermittently	Must be taken in two-week block	Must be taken in blocks of at minimum two-weeks
<p>Qualifying reason for use – unable to work or telework because of:</p> <ol style="list-style-type: none"> 1. Appointee’s own COVID-19 related illness or that of a family member⁴ 2. Appointee directed not to come to worksite for COVID-19 related reasons and/or worksite has COVID-19 related remote work program or is under shelter in place order and it is not operationally feasible for employee to work remotely 3. COVID-19 related school or daycare closure requires appointee to be at home with child/dependent and it is not operationally feasible for appointee to work remotely or in conjunction with childcare commitment 	<p>Qualifying reason for use – unable to work or telework because of:</p> <ol style="list-style-type: none"> 1. Quarantine or isolation order 2. Told by health care provider to self-quarantine 3. Experiencing COVID-19 symptoms and seeking diagnosis 4. Caring for individual subject to quarantine/isolation order or who was told by health care provider to self-quarantine 5. Caring for child whose school/place of care is closed or child care provider unavailable b/c of COVID-19 6. Other substantially similar condition specified by HHS Secretary 	<p>Qualifying reason for use – unable to work or telework because of:</p> <ol style="list-style-type: none"> 1. Caring for child whose school/place of care is closed or child care provider unavailable b/c of COVID-19 (same as reason #5 under EPSL) <p>Health care workers and emergency responders are not eligible for EFML.</p> <p>Any prior use of Family & Medical Leave Act (FMLA) entitlement in 2020 reduces appointee’s entitlement under EFML. Any use of EFML also reduces FMLA entitlement in 2020 assuming appointee is eligible for FMLA. First two weeks of EFML are unpaid unless appointee elects to use other</p>

COVID-19 Paid Leave Options

- Paid Administrative Leave (PAL)

Provides up to 128 hours of pay.

Must be taken in full day increments.

- Emergency Paid Sick Leave (EPSL)

Up to 80 hours of pay for a full-time employee.

- pro-rated for part-time employees.

Must be taken in one block leave.

- Expanded Family & Medical Leave (EFML)

Up to 12 weeks (10 weeks paid)

Must be taken in minimum of 2 week blocks.

FFCRA Eligibility for Leave and Pay

- Emergency Paid Sick Leave: All employees* are eligible regardless of length of University service.
- Expanded Family and Medical Leave: All employees* are eligible if they have been on University payroll for at least 30 days prior to day leave would begin and need leave for childcare purposes.

*First responders and health care workers may be excluded as essential workers



Questions?

Expanded Family Medical Leave (EFML)

UC Expanded Paid Administrative Leave	FFCRA Emergency Paid Sick Leave (EPSL)	FFCRA Expanded Family and Medical Leave (EFML)
Must be taken in whole day increments but may be taken intermittently	Must be taken in two-week block	Must be taken in blocks of at minimum two weeks
<p>Used for the following purposes:</p> <ol style="list-style-type: none"> EE unable to work due to own or family member's COVID-19 related illness EE unable to work because directed not to come to worksite for COVID-19 related reasons and/or worksite implemented COVID-19 related remote work or is under shelter in place order and it is not operationally feasible for employee to work remotely EE unable to work due to COVID-19 related school or daycare closure which requires EE to be at home with a child or dependent and not operationally feasible for EE to work in conjunction with childcare commitment. 	<p>Used for the following qualifying reasons:</p> <p>EE unable to work or telework because of:</p> <ol style="list-style-type: none"> Quarantine or isolation order Told by health care provider to self-quarantine Experiencing COVID-19 symptoms and seeking diagnosis Caring for individual subject to quarantine/isolation order or who was told by health care provider to self-quarantine* Caring for child whose school/place of care is closed or child care provider unavailable due to COVID-19* Other substantially similar condition specified by HHS Secretary <p><i>* Health care workers and emergency responders are not eligible to take EPSL for reasons 4 or 5.</i></p>	<p>Used for the following qualifying reason:</p> <p>EE unable to work or telework because of caring for child whose school/place of care is closed or child care provider unavailable due to COVID-19 (same as reason #5 under EPSL)</p> <p>Any prior use of Family & Medical Leave Act (FMLA) entitlement in 2020 reduces EE's entitlement under EFML. Any use of EFML also reduces FMLA entitlement in 2020 assuming EE is eligible for FMLA. First two weeks of EFML are unpaid unless EE elects to use other available paid leave. An EE's maximum potential paid entitlement under expanded family and medical leave is 10 workweeks.</p>



Childcare due to school/daycare closure is a qualifying reason for all three types of COVID-19 leave

Expanded Family and Medical Leave (EFML)

- An eligible employee* may take expanded family and medical leave to care **for his or her child whose school or daycare is closed** (or child care provider is unavailable) due to COVID-19 related reasons.
- Employee needs to be on payroll for 30 days prior to beginning leave. Regular FMLA eligibility does not apply to EFMLA.
- If employee is eligible for regular FMLA, taking EFML will use FMLA allocation.







*Health care workers and emergency responders are not eligible to take expanded family and medical leave.

Expanded Family and Medical Leave (EFML)

- Up to twelve workweeks (may be less if employee has used some of their 2020 FMLA).
- First two workweeks of Expanded Family and Medical Leave are unpaid, employees may elect to use emergency paid sick leave (Reason #5), existing paid accruals, or UC's Paid Administrative Leave during this time.
- After first two workweeks have elapsed, employee will receive up to 10 workweeks of paid Expanded Family and Medical Leave at their regular rate of pay for hours **they would have been scheduled to work.**

Scenario for Practice

Employee has continued to work, has not used any COVID-related leaves, now can't work due to childcare availability.

	100% Employee	50% Employee	
Paid Administrative Leave (PAL)			Must be taken in full day increments only
Emergency Paid Sick Leave (EPSL)			Must be taken as full 2 week block (or equivalent)
Expanded Family & Medical Leave (EFML)			FMLA eligibility does not change EFML eligibility. Will deplete FMLA allocation if available.

Questions?

Process

Emergency Paid Sick Leave (EPSL) Process

Department Role & Responsibilities

- Department works directly with employee:
 - on determining eligibility for EPSL.
- Department submits inquiry via [Service Now](#)/Employee and Labor Relations (ELR):
 - if need help determining whether employee qualifies for EPSL.
- Department provides [request form](#) to employee.
- Department enters paid time for EPSL and PAL in Kronos
 - See: [Entering COVID-19 Related Leaves in Kronos](#)
- Department sends form to HR Leave Admin via Service Now:
 - if need for medical leave continues beyond 2 weeks, for FMLA analysis

Emergency Paid Sick Leave (EPSL) Process

Employee roles and responsibilities

- Completes Section III of linked [form](#).
- Returns form to Supervisor.
- Reviews use of paid leave in Kronos for accuracy.

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III. EMERGENCY PAID SICK LEAVE (EPSL) REQUEST FORM EFFECTIVE: April 1, 2020 through December 31, 2020 University of California

EMPLOYEE INFORMATION		
EMPLOYEE NAME	EMPLOYEE ID	JOB TITLE
REQUESTED EPSL DATES ENTER BOTH START AND END DATES	EPSL START DATE	EPSL END DATE
LOCATION	DEPARTMENT	SUPERVISOR
REASON FOR TAKING EMERGENCY PAID SICK LEAVE (EPSL)		
I am unable to work or <i>telework</i> during the above period due to the following Reason (as listed in Section IA above): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
COMPLETE SECTION BELOW THAT IS APPLICABLE TO THE REASON FOR WHICH YOU ARE REQUESTING EPSL		
If requesting EPSL for Reason 1: I am unable to work or <i>telework</i> because I am subject to a federal, state, or local governmental entity's order related to COVID-19.		
The following federal, state, or local governmental entity issued this order: _____ _____		
If requesting EPSL for Reason 2: I am unable to work or <i>telework</i> because I have been advised by a <i>health care provider</i> concerns related to COVID-19.		
The name of that <i>health care provider</i> is: _____ _____		
If requesting EPSL for Reason 3: I am unable to work or <i>telework</i> because I am experiencing symptoms of a diagnosis from a <i>health care provider</i> .		
Check here to confirm: <input type="checkbox"/>		
If requesting EPSL for Reason 4: I am unable to work or <i>telework</i> because I am caring for an <i>individual</i> who <i>quarantine</i> or <i>isolation order</i> related to COVID-19 or who has been advise quarantine due to concerns related to COVID-19.		
1. Name of <i>individual</i> for whom I am caring: _____ _____		
2. My relationship to this individual is: _____ _____		
3. Complete one of the following: a. The <i>individual</i> identified above is subject to a <i>quarantine</i> or <i>isolation order</i> , state, or local governmental entity: _____ _____		
b. Name of the <i>health care provider</i> who advised the <i>individual</i> is: _____ _____		
If requesting EPSL for Reason 5: Note: If you are taking EPSL for this reason, your EPSL will run concurrently with your first 2 workweeks of EFML (which would otherwise be unpaid), provided you are eligible for EFML and have EFML entitlement remaining.		
I am unable to work or <i>telework</i> because I am caring for my <i>child/children</i> whose school or place of care has closed (or whose <i>child care provider</i> is unavailable) due to COVID-19 precautions.		
1. Name and age of each <i>child</i> for whom I providing care during the period for which I am requesting EPSL: _____ _____		
2. There is no other suitable person besides me who will be caring for my <i>child/children</i> listed above during the period for which I am requesting EPSL. Check here to confirm: <input type="checkbox"/>		
3. The name of each school or place of care that is closed if that is the reason I am providing care for my <i>child/children</i> listed above: _____ _____		
4. The name of each <i>childcare provider</i> that is closed/unavailable if that is the reason I am providing care for my <i>child/children</i> listed above: _____ _____		
5. If I have listed a <i>child</i> above who is older than 14 and I am providing care for that <i>child</i> during daylight hours, I am required to do that because of the following special circumstances: _____ _____		
6. If I have listed a <i>child</i> above who is 18 years or older, that <i>child</i> is incapable of self-care because of a mental or physical disability. Check here to confirm, if applicable: <input type="checkbox"/>		
If requesting EPSL for Reason 6: I am unable to work or <i>telework</i> because I am experiencing any other substantially-similar condition(s) specified by the U.S. Department of Health and Human Services. Check here to confirm: <input type="checkbox"/>		
EMPLOYEE CERTIFICATION		
I certify that the foregoing is true. I understand that the University may require additional documentation in support of my request for EPSL.		
EMPLOYEE SIGNATURE	DATE	

Expanded Family & Medical Leave (EFML) Process

Departments' role & responsibilities

- Department will work directly with employee on determining initial eligibility for EFML.
 - Is there a need for child care due to a care or school closure?
- Department can submit inquiry via [SN/Leave Admin/EFMLA Questions](#) if need help determining if employee qualifies for EFML and if they have hours available.
- Department provides [request form](#) to employee
- Department submits completed form via SN/Leave Admin/Department EFML Request.

Expanded Family & Medical Leave (EFML) Process

Departments' role & responsibilities-cont'd

- Once approval is received from Leave Admin:
 - Department enters paid EFML in Kronos
 - Supervisor notifies Timekeeper of EFML dates
 - follow department's notification process for existing leaves of absence
 - Timekeeper enters EFML and returns to supervisor for regular approval process.
- Please identify employees that meet EFML criteria, and submit leave/form to HR ASAP.
- UCPath Shutdown 4/29/20 to 5/5/20 at 8am

Expanded Family & Medical Leave (EFML) Process

Employee roles and responsibilities

- Employee fills out Section IV of linked request [form](#), and returns to Supervisor.
- Required to elect how 1st two weeks will be covered.
- May be required to complete sections III & IV if also requesting EPSL.



IV. EXPANDED FAMILY AND MEDICAL LEAVE (EFML) REQUEST FORM EFFECTIVE: April 1, 2020 through December 31, 2020 University of California

EMPLOYEE INFORMATION		
EMPLOYEE NAME	EMPLOYEE ID	JOB TITLE
REQUESTED EFML DATES ENTER BOTH START AND END DATES	EFML START DATE	EFML END DATE
LOCATION	DEPARTMENT	SUPERVISOR
If this is the first time you are taking EFML, complete sections A and B below. If you have previously taken any EFML, skip section A and fill out section B.		
Section A: Pay Options During the First Two Workweeks of EFML During the first 2 workweeks of EFML (which are unpaid), I would like to: <input type="checkbox"/> Use EPSL to receive pay (if I have not previously used EPSL) NOTE: If checking this option, you should enter the same start date for EPSL and EFML. <input type="checkbox"/> Use UC Expanded Paid Administrative Leave to receive pay (if I have 2 workweeks remaining of that leave) <input type="checkbox"/> Use the following type of accrued paid leave (such as vacation or PTO) to receive pay: <input type="checkbox"/> Use a combination of UC Expanded Paid Administrative Leave and _____ <input type="checkbox"/> Take leave without pay for these 2 workweeks <input type="checkbox"/> Other: _____		
Section B: Information to Support My Request for EFML: Name and age of each <i>child</i> for whom I providing care: _____ _____ There is no other suitable person besides me who will be caring for me which I am requesting EFML. Check here to confirm: <input type="checkbox"/> The name of each <i>school</i> or <i>place of care</i> that is closed if that is the reason I am requesting EFML: _____ _____ The name of each <i>childcare provider</i> that is closed/unavailable if that is the reason I am providing care for my <i>child/children</i> listed above: _____ _____		
Section B: Information to Support My Request for EFML (CONTINUED): If I have listed a <i>child</i> above who is older than 14 and I am providing care for that <i>child</i> during daylight hours, I am required to do that because of the following special circumstances: _____ _____ If I have listed a <i>child</i> above who is 18 years or older, that <i>child</i> is incapable of self-care because of a mental or physical disability. Check here to confirm, if applicable: <input type="checkbox"/>		
EMPLOYEE CERTIFICATION I certify that the foregoing is true. I understand that the University may require additional documentation in support of my request for EFML.		
EMPLOYEE SIGNATURE	DATE	

HR Roles & Responsibilities

- PAL- ELR can assist with Questions. No action needed by HR.
- EPSL- ELR can assist with questions and related issues.
 - If reason for leave is employee's own or family member's serious medical condition and the **need for leave is expected to continue beyond 2 weeks, send form to HR Leave Admin/Service Now/Department Leave Request** to assess eligibility for regular Family and Medical Leave.
- EFML- Leave Administration will review request, including any employee FMLA eligibility for 2020.
 - If EFMLA approved enter in Extended Absences - UCPath.
 - Issue approval/designation for EFMLA. See following slide for example.
 - Supervisor cc'd.
 - Kronos directions included.
- Cognos leave report in progress: [R-052 FFCRA Leave Tracking](#)

HR Roles & Responsibilities

Approval of EFML:

Dear Employee,

I am writing to confirm your current leave is being designated as Expanded Family and Medical Leave (EFML) in accordance with the Employee Request for Emergency Paid Sick Leave (EPSL) and Expanded Family and Medical Leave (EFML) form you submitted.

EFML is a maximum of 12 workweeks, provided you have not taken any Family and Medical Leave (FML) in 2020. EFML counts towards your 2020 FML entitlement, if eligible.

The first two weeks of EFML are unpaid and you may elect to use eligible paid time including Paid Administrative Leave (PAL), Emergency Paid Sick Leave (EPSL) or your sick/vacation/PTO accruals. The remaining 10 weeks of EFML is paid at your regular rate. Per your department, you have elected to use EPSL for these first two weeks (from 04/27/2020 - 5/8/2020).

Your leave is being designated as EFML from 05/09/2020-07/19/2020 (if needed).

Department Timekeeper Instructions

Please input PAL and/or EPSL on Kronos timecard as elected by the employee on their completed Employee Request for Emergency Paid Sick Leave (EPSL) and/or Expanded Family and Medical Leave (EFML) form. For guidance on entering these codes in Kronos, please reference Entering COVID -19 Leaves in Kronos for more information. HR Leave Administration will input the EFML into the UCPath system.

Please note: any entries of Kronos pay code COVID-19 Expanded FMLA Paid outside of the approved EFML dates above will cause the employee's timecard to error out of processing and delay pay.

EFML for Hybrid Schedule Process

Departments' role and responsibilities

- Establish/approve the employee's work schedule
- Submit the completed [EPSL/EFML request form](#) through [ServiceNow to HR Leave](#)

Administration

- Receive EFML/FMLA hours remaining for 2020 from HR Leave Administration
- Utilize [EFML/FMLA usage tracking calculator](#) to track the days used
- Enter EFML earn code on Kronos for the corresponding days used
- Report exhaustion date to HR Leave Administration through a ServiceNow case
 - Indicate if the leave is still needed after exhaustion
- Contact HR Leave Administration with any questions

EFML for Hybrid Schedule Process

Employee's roles and responsibilities

- Talk to your supervisor about your child's alternate school schedule
- Complete the revised [Request for EPSL/EFML form](#) (revised on 10/12/20)
- Keep your supervisor informed of the schedule changes

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IV. EXPANDED FAMILY AND MEDICAL LEAVE (EFML) REQUEST FORM
EFFECTIVE: April 1, 2020 through December 31, 2020
University of California

EMPLOYEE INFORMATION		
EMPLOYEE NAME	EMPLOYEE ID	JOB TITLE
REQUESTED EFML DATES	EFML START DATE	EFML END DATE
LOCATION	DEPARTMENT	SUPERVISOR

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If this is the first time you have provided care for a child/children, please complete Section A: Parental Care Information. If you have provided care for a child/children in the past, please complete Section B: Information to Support My Request for EFML (CONTINUED).

Section A: Parental Care Information

During the first [] days of the requested EFML period, I will be providing care for my child/children during the following alternate day or other hybrid-attendance schedule:

Use EPSL for the first [] days of the requested EFML period.

Use UC Extended Family Leave for the first [] days of the requested EFML period.

Use the following alternate day or other hybrid-attendance schedule:

Use a combination of the above.

Take leave from my supervisor.

Other: _____

Section B: Information to Support My Request for EFML (CONTINUED):

During the period for which I am requesting EFML, my *child's/children's school, place of care, or child care provider* will be closed or unavailable to my *child/children* only on certain days due to their implementation of an alternate day or other hybrid-attendance schedule.

No, this does not apply to me.

Yes, I confirm this is true. My *child's/children's school, place of care, or child care provider* will be closed or unavailable to my *child/children* only on certain days because they are implementing the following alternate day or other hybrid-attendance schedule:

For example: "My child's school only permits my child to attend school in person on Tuesdays and Thursdays, and my child participates in remote learning on Mondays, Wednesdays, and Fridays."

If I have listed a *child* above who is older than 14 and I am providing care for that *child* during daylight hours, I am required to do that because of the following special circumstances:

If I have listed a *child* above who is 18 years or older, that *child* is incapable of self-care because of a mental or physical disability. Check here to confirm, if applicable:

There is no other suitable person besides me who will be caring for my child/children listed above during the period for which I am requesting EFML. Check here to confirm:

The name of each *school or place of care* that is closed if that is the reason I am providing care for my child/children listed above:

The name of each *childcare provider* that is closed/unavailable if that is the reason I am providing care for my child/children listed above:

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EFML for Hybrid Schedule Process

HR roles and responsibilities

- Determine eligibility for EFML
- Calculate the balance of 2020 EFML/FMLA entitlement remaining and notify the department
- Reviews and approves request for EFML
 - Supervisor is cc'd
 - Kronos directions and EFML/FMLA usage tracker included
- Enters EFML leave in UCPath Extended Absences

Questions?

Contacts for questions

Emergency Paid Sick Leave and Administrative Paid Leave

- Employee and Labor Relations: [Service Now](#)

EFML & EPSL for childcare reasons.

- Leave Administration: [Service Now](#)/Leave Administration/EFML

Questions concerning Family and Medical Leave (FMLA)

- If reason for leave is because of employee's or family member's medical condition, and need continues beyond 2 weeks, send form to HR Leave Admin (via [Service Now](#)) to assess eligibility for Family and Medical Leave (FMLA)

Academic Personnel for academic employees: AP-Leave@ucsb.edu

Additional Resources

- April 15, 2020: [COVID-19 Related Leaves and Job Protections Guidance](#)
- April 13, 2020: [COVID-19 Related Leaves and Job Protections Guidance for Policy-Covered and Represented Staff Employees](#)
- April 7, 2020: [UC Leave Obligations under FFCRA](#)

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