



ARKANSAS TECH UNIVERSITY

Request for Paid Sick Leave and Expanded Family Medical Leave Under the Families First Coronavirus Response Act (FFCRA)

TO: Dr. Robin Bowen
President

Date: _____

FROM: _____
Employee Name

Department

Under the FFCRA, an employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because of one of the reasons below. I am requesting to be placed on Paid Sick Leave and/or Expanded Family Medical Leave for _____ (days, weeks, months) to begin on _____ and end on _____ for the following reason:

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- 2. I have been advised by a health care provider to self-quarantine related to COVID-19.
- 3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.
- 4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2) above.
- 5. I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID 19 related reasons.
- 6. I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

I understand that Paid Sick Leave and Expanded FMLA coverage is available April 1, 2020 through December 31, 2020 and that limitations apply. I understand that items 1-3 are generally covered for up to 10 business days/ 80 hour maximum at 100% salary (subject to statutory caps) and that items 4-6 are paid at 2/3 pay (subject to statutory caps). Other restrictions apply.

During a period of FMLA the agency/institution will continue paying the employer matching portion of my group health insurance premium. I further understand that I am responsible for paying the employee's portion of the premium each pay period and that it will be deducted from my pay.

Employee's Signature

Date

Supervisor

Date

Employee's T Number

Vice President/Chancellor/Division Head

Date

President

Date