

Families First Coronavirus Response Act (FFCRA)

Family Medical Leave (FML) Request

[DHRM reserves the right to revise this form]

Employees must complete and submit the signed document to their supervisor prior to taking Family Medical Leave. **Prior supervisory approval is required for all leave usage.** Employees must maintain communications with their supervisor (or their Agency HR representative) as instructed.

Section I. EMPLOYEE INFORMATION

EMPLOYEE NAME				EMPLOYEE ID	
EMPLOYMENT STATUS	Full-Time Salaried	Part-Time Salaried	Wage	Faculty	Adjunct Faculty
Select One					
FML HOURS USED SINCE 1/10/20 including VSDP claims					

FAMILY MEDICAL LEAVE – MAXIMUM LEAVE HOURS ELIGIBILITY

- First ten work days (two weeks) may be without pay, use Emergency Sick Leave or other personal leave
- Remaining ten weeks are paid at the rate of 2/3 of the employee's regular rate of pay up to a maximum of \$200.00 per work day and \$10,000.00 in aggregate.
- Employees receiving 2/3 pay for leave beyond the first 10 days may supplement by using their personal leave for the remaining 1/3 to achieve 100% of their normal income.
- Fulltime employees are eligible for a cumulative total of 12 weeks (480 work hours) of FML. Part-time employees are eligible for a pro-rated number of weeks based upon their percentage of full-time status.
- FML hours are cumulative and previous hours used since 1/10/2020 will be deducted from the available hours provided for this period. (e.g.: 160 hours used leaving 320 hours available for expanded FML)
- Employees that work variable hours (wage and adjunct faculty) will use the preceding six month period to determine the average hours paid per week. If that is not applicable, the average number of hours per day that the employee would normally be scheduled to work will be used.
- Agencies may permit intermittent FML on a reduced leave and work schedule.

Section II. FAMILY MEDICAL LEAVE REQUESTED

Select one of the options listed below if you are unable to work or telework to care for son/daughter under the age of eighteen if:

	School or child-care facility is closed, or
	Child care provider of son/daughter is unavailable due to a declared COVID-19 public health emergency

Dates of Leave Requested (e.g.: 04/01/2020 to 04/10/2020):		to
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Request to Supplement Pay with Personal Leave to achieve 100% Pay	Yes	No
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Note: Expanded Family Medical Leave and Emergency Sick Leave is available between April 1, 2020 and December 31, 2020. There is no carry over.

If selected "Yes" to supplement pay with personal leave, identify the preferred leave types to use first, second and third. Applicable leave includes Family/Personal, Annual, Compensatory, Overtime or Recognition Leave.

- 1.
- 2.
- 3.

Note: Once a leave balance is exhausted, the next option listed will be applied. Employees who are on leave for 90 consecutive calendar days will cease earning annual leave accruals in accordance with DHRM Policy 4.10, Annual Leave

My signature below confirms my request for the expanded Family Medical Leave is for the reason identified in Section II of the Family Medical Leave Request Form. I am the parent or legal guardian of a son/daughter under the age of eighteen for whom I am providing daily care for the term of the leave request. I further understand that providing false information and/or misuse of this leave is subject to disciplinary action up to and including termination; and repayment of the monies paid to me for the use of this paid leave as provided by the Commonwealth of Virginia.

Employee Signature:		Date (mm/dd/yyyy)
Supervisor Signature:	Approved: Denied:	Date (mm/dd/yyyy)

If not approved, explain:

To Be Completed by Agency Human Resources Staff or Agency Leave Coordinator
Date Leave Request Received (mm/dd/yyyy):
Documentation submitted by employee:
Date Documentation Received (mm/dd/yyyy):

Other Considerations for Leave Coordinators and Benefit Administrators:

- Confirmation that Employee has worked a minimum of thirty calendar days for the Commonwealth of Virginia
- Dates Recorded in Time and Leave System
- Calculation of 2/3 pay and leave hours needed to supplement to 100% pay per pay period (use the spreadsheets located on DOA's Payroll Support Office's website.)
- Supplemental Leave Used per work week

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