



FFCRA Paid Sick Leave and Paid Family and Medical Leave

Request Form

Instructions: This form must be completed to request time off pursuant to the Families First Coronavirus Response Act Paid Sick Leave and Expanded FMLA Leave. All employees requesting time off as a result of qualifying COVID-19 reasons must complete the following information, and submit it to their supervisor and human resources for further review. Please review policy HR-700 Enhanced HR Policies for Employees in Response to COVID-19 for information regarding eligibility, requirements, and paid leave. Contact HRServiceCenter@umsystem.edu for questions.

NOTE: You will need to download the form to your computer prior to filling out the information. Once you have completed the form, please provide an electronic signature before submitting it further.

Section I: Employee Information

Name: (Last, First, Middle Initial):	Employee ID Number:
Campus(MU, MUHC, S&T, UMKC, UMSL, UMSYS):	Title:
College, School, Division:	Department:
Employee Status:	Staff-benefit-eligible Faculty/Academic-benefit-eligible Student Employee Variable-hour Employee
Have you taken FFCRA paid sick leave or FFCRA paid family medical leave since April 1, 2020?	Yes No
Have you worked for the University previously (in any capacity) / had a break in service?	Yes No
Have you received FFCRA paid sick leave with another employer?	Yes No

Section II: Work Arrangements

Standard work hours 40 hours per week Fewer than 40 hours per week	Current work location Onsite – on campus Telework – remote work Both onsite and telework	Is employee able to work from home? Yes No Unsure
Employee is unable to work or telework during the leave dates requested due to:		

Section III: Time Off Request

Paid time off requested Continuous Intermittent Leave	Start Date	End Date	Estimated Hours
Request Reason			
<ul style="list-style-type: none"> i. Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (such as shelter-in-place or stay-at-home orders). Name of government entity that issued the order: ii. Employee has been advised by a healthcare provider to be quarantined or isolated due to COVID-19 (such as diagnosis or close contact). Name of health care provider: iii. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis. Name of health care provider: iv. Employee is caring for individual who is subject to an order or who has been advised by a health care provider to be quarantined or isolate due to COVID-19. Name of government entity or health care provider: Name of individual subject to an order: Relationship: v. Employee is caring for their child who is in need of care due to closures or limits in operation of a school, day care center, or other provider will need to reach out to Unum at 1-866-779-1054. You will need to provide the name of school, place of care, or child care provider. <i>Pursuant to FFCRA, they must certify no other suitable person is available to care for the child during the period for which leave is being requested.</i> vi. The Employee has a substantially similar condition as specified by the Secretary of Health and Human Services. 			
Complete this section if (iv) above is checked:			
Name of family member(s):			
Relationship to employee:			
Immediate family member as defined in HR-404.			
Other individual with whom the employee has a relationship with (such as a roommate).			



Section IV: Requirements and Responsibilities

I understand and attest to the following:

1. FFCRA paid leaves are available from April 1, 2020 through December 31, 2020.
2. FFCRA paid leaves are available if an employee is unable to work (including telework) because of a qualifying need for leave as described in HR-700 pursuant to FFCRA. If there is not work for the employee because of a closure, reduction in operations, or other factor, FFCRA leave is not available.
3. FFCRA Paid Sick Leave is limited to a total of two weeks for all qualifying reasons. The total hours provided may not exceed 80 hours for full-time, 100 percent FTE employees. Part-time employees are eligible for the number of hours that the employee is normally scheduled to work over a two-week period.
4. FFCRA Expanded family and medical leave availability is dependent on the employees use of FMLA leave during the FMLA leave year for reasons unrelated to COVID-19. Unless otherwise stated in HR-700, FFCRA expanded family and medical leave is subject to Collected Rules and Regulations Section 340.010, Family and Medical Leave, including the limitation to a total of twelve (12) workweeks of leave in a 12-month period for all FMLA-qualifying reasons.
5. If an employee who has a negative accrued vacation leave balance under HR-700 ends employment before accruing sufficient leave to reach a zero or positive balance, the University may withhold an amount equivalent to the value of the negative leave balance from the employee's compensation.
6. FFCRA paid leaves are not available to employees in University of Missouri Health Care, employees with job duties involving clinical care operations that are continuing, and other health care providers and emergency responders designated by the University System's Chief Human Resources Officer.
7. I've read Rights and Responsibilities Notice for employee rights under the family and medical leave act (WH1420 or WH1420 SPA).
8. I've read Employee Rights Notice for paid sick leave and expanded family and medical leave under the Families First Coronavirus Response Act (WH1422 or WH1422 SPA).

Send completed form to your campus Human Resources contact* below:

- MU MU HRS Requisitions at UMCHRRequisitions@missouri.edu
- MU Health Care MUHC HR Employee Relations at employeerelations@health.missouri.edu
- S&T Human Resources at hrs@mst.edu
- UMKC Bonny Parsons, UMKC Human Resources at parsonsb@umkc.edu
- UMSL UMSL Human Resources at umslhr@umsl.edu
- UMSYS Melinda Adams, UM System Human Resources at adamsmel@umsystem.edu

*Once completed, send to the appropriate contact above.

Employee	Supervisor
Print	Print
Signature and	Signature and
Date:	Date:

Human Resources Office Use Only

1. HRBP/Consultant Review/Division HR Officer or Delegate

FMLA leave	Hours Available
Primary COVID reason for request:	
<ul style="list-style-type: none"> i Employee is subject to federal, state or local quarantine or isolation due to COVID-19 ii Employee has been advised by a health care provider to self-quarantine due to COVID-19 (such as diagnosis or close contact) iii Employee is experiencing COVID-19 symptoms and is seeking medical diagnosis iv Employee is caring for an individual who is subject to federal, state or local quarantine or isolation due to COVID-19 v Employee is caring for a child whose school, day care, or care provider is unavailable due to COVID-19 must contact Unum vi Employee is experiencing another substantially-similar condition designated by the Approved U.S. Department of Health and Human Services 	
Approved	Denied
Unsure	Comments:
Human Resources Representative (Human Resources Business Partner/Consultant, or delegate):	
Name:	Title:
Signature	Date

*Route to your campus Human Resources contact above, if applicable; or send to UMLeaveAdmin@umsystem.edu.

2. Campus HR Contact or UM Human Resources Leave Administration

Approved	Denied
Unsure	Comments:
Name:	Title:
Signature	Date

Route to: UM FSB LEAVE ADMIN START; Apply leave time and send communication; Records retention: four years subject to FFCRA.