



County Risk Sharing Authority

a service program of the County Commissioners Association of Ohio

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April 1, 2020

RISK CONTROL SERVICE BULLETIN

Emergency Sick Leave & Temporary FMLA Leave Request Form

The Family First Coronavirus Response Act (FFCRA) went into effect today. The US Department of Labor (DOL) is yet to issue FFCRA regulations or standardized forms. To assist appointing authorities with the administration of emergency paid sick leave and the FMLA as expanded by the FFCRA, CORSA prepared the enclosed template best practice form for your consideration and use. Before using the enclosed, or any leave request form, we recommend you consult your prosecutor or legal advisor. Should the DOL subsequently issue standardized forms, we recommend you discontinue use of the enclosed and use the DOL standardized form(s).

This Risk Control Bulletin and attachments are not legal advice nor should they be construed as legal advice. We recommend you consult your Prosecutor or legal advisor should you require a legal opinion. If you have questions regarding this Bulletin or CORSA Risk Management services please contact Frank Hatfield, CORSA Risk Control Manager, at (614) 560-1474 or fhatfield@ccao.org. Be safe.

Date: _____

Name of Employee: _____

Department: _____

I am requesting leave for the following dates _____ to _____.

The reason for my request for leave is:

1. I am subject to a federal, state, or local quarantine, or isolation order related to COVID-19.
 - Attached is a copy of the quarantine or isolation Order related to COVID-19
2. I have been advised by a health-care professional to self-quarantine because of COVID-19.
 - Attached is the name of the health care professional advising self-quarantine or a copy of the certification from a health care professional of the advice to self-quarantine because of COVID-19.
3. I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
 - Attached is a copy of the confirmation that a medical diagnosis was sought due to COVID-19 symptoms.
4. I have a bona fide need to care for an individual who has been ordered or advised to quarantine or isolate.
 - Attached is the name of the individual for whom I will be providing care, the order of quarantine/isolation and the facts regarding why it is necessary that I care for them.
5. I am needed to care for my child under 18 years of age due to the closure of school or unavailability of childcare provider for COVID-19 reasons.
 - Attached is the Government order or notice of closure of school or provider of care.
6. For other similar conditions/reasons as determined by the Secretary of Health and Human Services.
 - Attached is the Order/information of the similar conditions/reasons as determined by the Secretary of Health and Human Services.

In order to be approved, the appropriate attachment/documentation must be provided by the employee to support the leave request. In the event an employee does not possess the appropriate documents referenced above, employees may submit other documentation/information with their completed application in support of their leave request.

If emergency sick leave is requested and approved for reasons 1-3 above, such leave shall be at the employee's full regular rate of pay not to be deducted from the employee's accrued sick leave balance. Full-time employees may receive up to 80 hours of leave with a maximum of \$511 per day and \$5,110 in total.

If leave is requested and approved for reasons 4-6 above, such leave shall be at 2/3 of the employee's regular rate of pay. Full-time employees may receive a maximum \$200/day and \$12,000 in total.

An employee may elect to supplement leave provided for in reasons 4-6 above with appropriate accrued paid leave. If you are making that election, indicate the accrued paid leave that you would like to supplement:

- | | | |
|-------------------------------|-------------------|-----------------|
| 1. Vacation leave | 3. Personal leave | 5. Other: _____ |
| 2. Sick leave (if applicable) | 4. Comp Time | |

I hereby certify that the information I provided is accurate and that I will abide by all County policies in requesting and utilizing this leave.

Signature of Employee: _____ **Date:** _____

Approved NOT Approved

Signature of Supervisor _____ **Date:** _____