

# Family First Coronavirus Response Act (FFCRA)

Qualifying Leave Request Form

Dealership Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Position \_\_\_\_\_ Date of Request \_\_\_\_\_

**April 1, 2020 - December 31, 2020**

**Available to Full & Part Time Associates**

Two weeks (up to 80 hours) of expanded family and medical leave at the employee's **regular rate** of pay where the employee is unable to work **because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis**

Two weeks (up to 80 hours) of expanded family and medical leave at **two-thirds the employee's regular rate** of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

**A covered employer must provide to employees that it has employed for at least 30 days**

Up to an additional 10 weeks of expanded family and medical leave at **two-thirds the employee's regular rate of pay** where an employee is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

**Read the attachment. Based on the "Qualifying Reasons for Leave" choose ONE.**

**Enter the appropriate Qualifying Reason for leave in the box below. Only one of the "qualifying reasons" is allowed.**

Qualifying Reason  
(1-4) and 6

Number of Days requested

Max 10  
days/80 hrs

Qualifying Reason  
\*5 ONLY

Number of Days requested

\*10 days FFCRA Sick leave, then up to 10 weeks expanded famil/medical leave

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date Signed

**Human Resources**

**Attach a copy of this form to each paycheck that qualifies**

Provisional Dates  
4/2/2020-12/31/2020

## Qualifying Reasons for Leave:

Effective April 1, 2020 - December 31, 2020

Under the FFCRA, an employee qualifies for expanded family and medical leave if the employee is unable to work (**or unable to telework**) due to a need for leave because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
6. is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

**Under the FFCRA, an employee qualifies for expanded family and medical leave if the employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.**

## Duration of Leave:

**For reasons (1)-(4) and (6):** A full-time employee is eligible for up to 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

**For reason (5):** A full-time employee is eligible for up to 12 weeks of leave at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally  
Calculation of Pay

**For leave reasons (1), (2), or (3):** employees taking leave shall be paid at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

**For leave reasons (4) or (6):** employees taking leave shall be paid at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

For leave reason (5): employees taking leave shall be paid at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period—two weeks of paid sick leave followed by up to 10 weeks of paid expanded family and medical leave).[6]

Provisional Dates  
4/2/2020-12/31/2020