Instructions for Completing the
Request for Leave under Federal Emergency
COVID-19 Leave Programs Form

Where to find the documents, you need:

• You can find copies of the Request for Leave form, this instruction sheet, and frequently asked questions at hr.wisc.edu/covid19/emergency-leave.

Options for completing and submitting the Request for Leave form

• You can download the form and complete it electronically. Be sure to save the completed form on your computer. You can then email the completed form to your Divisional Disability Representative (DDR).
• You can also print out the form and fill it in by handwriting. Please use dark ink and write clearly. You can then scan the form or take a picture of it with your mobile device to create an electronic file.
• Please email the completed form to the DDR in your school, college or division. To find your DDR, visit: employeedisabilities.wisc.edu/divisional-disability-representatives-ddr/
• If you are unable to submit your form via email, or need assistance for any reason, please call your DDR.

Getting help with the form

• Please complete as much of the form as you are able. If you cannot complete every section, complete what you can, and your DDR will contact you with any questions.
• If you would like to request translation or interpretation services, please call Cultural Linguistic Services (Office of Human Resources) at (608) 265-2257.

Tips for completing the form

• Complete Sections 1 through 6 of the Request for Leave Form as completely as you can.
• Section 1: Complete the requested personal and contact information. Under additional information, check the box if you have been employed by the university for at least 30 days prior to the first day you are requesting to take leave, if not leave box unchecked. Check the next box if you have had an FMLA leave approved during the previous 12 months, if not leave box unchecked.
• Section 2: Reason(s) for Leave Request. You may have more than one reason for requesting leave. Please be sure to check as many as apply.
• Section 3: Leave Type(s) and Anticipated Dates Requesting Leave.
  o Definitions of “continuous leave,” “intermittent leave,” and “reduced work schedule” are provided. If you need help determining which type of leave you are requesting, please contact your DDR.
  o You may be using more than one type of leave, so check as many as apply to your situation.
  o We understand that you may not know the last date you will need leave. Please provide an estimated date for now. This can be adjusted later once your leave needs are clear.
• Section 4: Information and Documentation Required.
  o Please note that some reasons for leave require documentation. Depending on your reason(s) for leave, documentation may be required from your health care provider, the health care provider of an individual you are caring for, or both.
  o You do not need to visit your health care provider to request documentation. You can request documentation by phone, email, or virtual appointment, or you can take a screenshot of your online health chart.
You may submit the documentation with your form or submit it separately. If your reason(s) for leave require you to submit documentation, you must submit that documentation no more than 15 calendar days after your first day of requested leave. Contact your DDR with any questions.

**Section 5: Pay during Leave.**
- Beginning May 16, 2020 the amount of pay you receive during your leave will be in accordance with requirements under the FFCRA. You may not receive your full pay during your leave. Use this section to indicate your understanding that the amount of leave you receive under the federal emergency programs may not represent your full pay.
- Choose either Option A, to use your accrued leave during your leave to remain at 100% salary OR Option B to take a partial leave without pay during your leave.
- If you are choosing Option A:
  - Place a check mark next to Option A and indicate your leave choices.
  - Place a check mark in front of each of the leave types that you’d like to use to supplement the pay you will receive under FFCRA.
  - For the leave types you’ve selected, check the box if you’d like all available leave to be applied or if you would only like a certain number of hours applied.
  - If you have selected more than one type of leave to be applied, please rank the order you’d like the leave applied. Put “1st” in the box for the leave you’d like applied first, “2nd” in the box for the leave you’d like applied second, etc.
  - Provide any additional preferences you may have regarding how your accrued leave is applied in the “More Information” comments box.
- If you are choosing Option B:
  - Place a check next to Option B. Your accrued leave will not be applied.
- If you have exhausted your paid leave entitlement under the provisions of FFCRA by May 15, 2020, you will not receive any additional paid leave under FFCRA.
- You can check your accrued leave balances through MyUW or ask your local HR contact for assistance.

**Section 6: Signatures.** If you are completing the form electronically, an electronic signature will be accepted (just type in your name). This form and your signature help UW–Madison meet the requirements of the Federal emergency leave programs under the Families First Coronavirus Response act (FFCRA).

Please see the next two pages for an overview of the federal Families First Coronavirus Response Act (“FFCRA”).

You may find the background information that follows helpful, but you are not required to review it. No additional action is required other than completing the Request for Leave under Federal Emergency COVID-19 Leave Programs Form (using the instructions above) and providing any documentation that is required based on your reason for leave.

If you have any questions or need assistance, contact your DDR.
The Families First Coronavirus Response Act ("FFCRA") is a federal emergency leave program that provides paid leave under two programs: (1) the Emergency Paid Sick Leave Act (EPSLA); and (2) the Emergency Family and Medical Leave Expansion Act (EFMLEA). The federal program went into effect on April 1, 2020 and continues until December 31, 2020.

If you qualify for leave, your reason(s) for leave may be covered under both programs, or only under one program or the other. Your DDR will use the information you provide to determine which leave program(s) you qualify for. If you qualify for more than one federal leave program, your DDR will choose the leave program that gives you the greatest benefit. When eligible, leave programs may run concurrently.

There are two different federal programs providing paid leave under the FFCRA:
- Emergency Paid Sick Leave Act ("EPSLA")
- Emergency Family & Medical Leave Expansion ("EFMLEA")

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<th>Reason(s) for Leave Request</th>
<th>Pay Details</th>
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| EPSLA for Category I 1. Employee is subject to a governmental quarantine or isolation order due to COVID-19 *(Section 2.1 on Request for Leave form)* | • Up to a total of 80 hours of EPSLA  
• Paid employee’s regular rate  
• Max of $511/day  
• Prorated for part-time  
• Maximum: $5,110 in total over the entire EPSLA period  
• Employees able to use accrued leave per paid leave policies to supplement the amount of EPSLA up to normal earnings if earn more than $511/day |
| EPSLA for Category I 2. Employee has been advised by a health care provider to self-quarantine due to COVID-19 related concerns *(Section 2.2 on Request for Leave form)* |  |
| EPSLA for Category I 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis *(Section 2.3 on Request for Leave form)* |  |
| EPSLA for Category II 4. The employee is caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine *(Section 2.4 on Request for Leave form)* | • Up to a total of 80 hours of EPSLA  
• Paid 2/3 of employee’s regular rate  
• Max $200 per day  
• Can use accrued leave per paid leave policies to supplement the amount of EPSLA up to normal earnings  
• Maximum: $2,000 in total over the entire two-week period |
<p>| EPSLA for Category II 5. The employee is caring for a son or daughter if the school the child attends is closed or if daycare is unavailable due to COVID-19 precautions <em>(Section 2.5 on Request for Leave form)</em> |  |
| EPSLA for Category II 6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Treasury and Labor. <em>(Section 2.6 on Request for Leave form)</em> |  |</p>
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| **EFMLEA**
To care for the employee’s son or daughter, who is under 18, if the school the child attends is closed or if daycare is unavailable due to COVID-19 precautions.  

EFMLEA provides ONE **additional qualifying reason** for an employee to take leave under the federal FMLA.  

The existing federal FMLA allows up to 12 weeks of leave (pro-rated for part-time employees) in a calendar year for University staff and in the fiscal year for FAASLI staff.  

EFMLEA **does not** provide an additional 12 weeks of FMLA.  
*(Section 2.5 on Request for Leave form)*

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<th>First 10 days:</th>
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<td>• Unpaid</td>
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<td></td>
<td>• May use EPSLA or accrued leave per paid leave policies up to normal earnings</td>
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<td>• Prorated for part-time</td>
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<td>Remaining time (up to 10 weeks):</td>
<td>• Paid 2/3 of employee’s regular rate</td>
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<td></td>
<td>• Max $200 per day</td>
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If applying EPSLA for the first 10 unpaid days, the max is $12,000 in aggregate per employee.