

CITY OF MAUMELLE

DEPARTMENT OF HUMAN RESOURCES

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (HR6201) LEAVE OPTIONS

Employee:	Date:
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I am requesting to use Paid SICK leave under the Families First Coronavirus Response Act (HR 6201) for one of the following reasons (please check one):

1. _____ I am subject to a federal, state, or local quarantine or isolation order due to COVID-19. The quarantine period is scheduled to end _____. **You are eligible for 80 hours of Paid sick at your regular rate of pay without using your accruals. ***

2. _____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. The quarantine period is scheduled to end _____. **You are eligible for 80 hours of Paid sick at your regular rate of pay without using your accruals. ***

3. _____ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. I have/have not been in contact with a physician. **You are eligible for 80 hours of Paid sick at your regular rate of pay without using your accruals.***

4. _____ I am caring for an individual who is subject to an order as provided in (1) or has been advised as per (2). The quarantine will end _____. **You are eligible for 80 hours of paid sick time at 2/3 of your regular rate of pay.** Optional: You have the option to use 1/3 of your accrued sick leave available, in addition to the referenced paid sick time. Use of your accrued sick leave is not mandatory.**

5. _____ I am caring for a son or daughter because the school or place of care for the child has been closed, or the childcare provider is unavailable, due to COVID-19 precautions. The anticipated need to care for my son or daughter will end _____. **You are eligible for 80 hours of paid sick time at 2/3 of your regular rate of pay without using your accruals. ****

6. _____ I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and the Secretary of Labor. **You are eligible for 80 hours of Paid sick at your regular rate. ** Optional: You have the option to use 1/3 of your accrued sick leave available, in addition to the referenced paid sick time. Use of your accrued sick leave is not mandatory.**

7. _____ I am sick and unable to perform my regular job responsibilities and **I DO NOT** meet any of the conditions set forth in 1-6 above. I expect to return to work on _____. **You are eligible to use your accrued paid sick time and any other accrued leave you have available until exhausted.**

Employee Signature	Date
Supervisor Signature	Date
Department Head Signature	Date
Human Resources Approval	Date

*Capped at \$511 a day for maximum of \$5110 ** Capped at \$200 a day for maximum of \$2000