

**CITY OF RACINE**  
**FAMILIES FIRST CORONAVIRUS RESPONSE ACT REQUEST FORM**

PART 1: Employee Information		
Employee Name:	Employee Number:	
Employee Address:		
Main Phone Number:	Secondary Phone Number:	
Email Address:		
Department:	Job Title:	
<i>I request a leave as provided by the Families First Coronavirus Response Act (FFCRA) for the following period:</i>		
Anticipated Begin Date:	Anticipated End Date:	Intermittent? ___ Yes ___ No <i>(If "yes," complete Section C)</i>
I am unable to work or telecommute for the following reason(s) (circle all applicable):		
<ol style="list-style-type: none"> <li>1. The employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19 <b><i>(Read Section A, initial, provide documentation, and sign Section D)</i></b></li>   <li>2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 <b><i>(Read Section A, initial, provide documentation, and sign Section D)</i></b></li>   <li>3. The employee is experiencing symptoms of COVID-19 (fever, cough, sore throat, shortness of breath) and is seeking a medical diagnosis <b><i>(Read Section A, initial, provide documentation, and sign Section D)</i></b></li>   <li>4. The employee is caring for an individual subject to an order as described in reason 1 or has been advised as described in reason 2 <b><i>(Read Section A, initial, provide documentation, and sign Section D)</i></b></li>   <li>5. The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions <b><i>(Fill in the information below, read Section A, complete Section B, and sign Section D)</i></b>  <b>Your relationship to Child</b> _____ <b>Child's Name</b> _____  <b>Child's Birthdate</b> _____ <b>School/Daycare Name &amp; City</b> _____</li>   <li>6. The employee is experiencing any other substantially similar condition to COVID-19 as specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor <b><i>(Read Section A, initial, provide documentation, and sign Section D)</i></b></li> </ol>		
<p><b>Section A.</b> The Emergency Paid Sick Leave Act (EPSLA) of the FFCRA provides 80 hours of limited paid sick leave benefit for full-time employees outside of FMLA or EFMLEA (below). This is prorated for part-time employees, including part-time employees who otherwise are not eligible for accrued benefits.</p> <p>All employees actively employed by the City of Racine are eligible.</p> <p>For reasons 1., 2., and 3. listed above, eligible employees will receive 100% of their regular hourly rate, with a \$511/day and/or \$5,110 aggregate cap.</p> <p>For reasons 4., 5., and 6. listed above, eligible employees will receive 2/3 of their regular hourly rate, with a \$200/day and/or \$2,000 aggregate cap.</p> <p>_____ <b>Initial here if your reason for requesting leave is #1, #2, #3, #4 or #6. YOU WILL NEED TO PROVIDE DOCUMENTATION FROM A MEDICAL PROVIDER WITHIN 1 WEEK OF THE DATE YOU SIGNED THIS FORM.</b></p>		

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If an employee believes that the reason for his/her leave under Section A is also a qualifying event under the State or Federal Family and Medical Leave Act (FMLA), the employee should complete a separate FMLA Request form and submit it to the Human Resources Department. The FMLA applies to all eligible employees, including health care providers and emergency first responders, if they have a qualifying event.

**Section B.** The Emergency Family and Medical Leave Expansion Act (EFMLEA) of the FFCRA is available for employees who have worked for the City for at least 30 calendar days and are unable to work or telecommute due to a need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to the COVID-19 public health emergency. Health care providers and emergency first responders as defined in the City's FFCRA policy are excluded from eligibility for EFMLEA leave.

Employees may receive up to 12-weeks protected leave. The first 10 work days off for EFMLEA will be unpaid, unless employees wish to substitute up to 80 hours of Emergency Paid Sick Leave Act (EPSLA) time to receive 2/3 of their regular hourly rate or use their own paid time off accruals to receive 100% of their regular hourly rate.

After the 10<sup>th</sup> unpaid work day, the employee will be eligible for pay from the City of Racine equal to 2/3 of the employee's regular rate of pay for the remainder of the available FMLA leave associated with the qualifying COVID-19 reason, not to exceed a daily cap of \$200 or aggregate cap of \$10,000, per person.

Employees who have already used FMLA hours in 2020, will have the time available under this Act reduced by the FMLA hours already used.

Please indicate the priority and number of hours you plan to use **DURING the first 10 days** of your leave:

_____ FFCRA EPSLA Time	_____ hours	(TMS Code )
_____ FFCRA Unpaid leave	_____ hours	(TMS Code )
_____ FFCRA Sick Time	_____ hours	(TMS Code )
_____ FFCRA Vacation Time	_____ hours	(TMS Code )
_____ FFCRA Comp Time	_____ hours	(TMS Code )
_____ FFCRA Casual Time	_____ hours	(TMS Code )
_____ FFCRA Floating Holiday	_____ hours	(TMS Code )

**AFTER the first 10 days of your EFMLEA leave**, please code your remaining EFMLEA time as (TMS Code).

**Section C.** Eligible employees may take EPSLA leave and/or EFMLEA leave on an intermittent basis only if the following three conditions are met: (1) the employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions; (2) the employee submits a written request to his/her supervisor asking to take such leave on an intermittent basis; and (3) the employee's supervisor approves the request prior to the start of the intermittent leave.

If you are an employee who is eligible to take leave on an intermittent basis, on the lines below, please indicate the proposed dates and/or schedule for which you would like to use intermittent leave:

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**Section D.** By signing and dating this form, I hereby certify that all of the information provided is true and correct. I understand that if I am falsifying the information listed on this form, I am in violation of City policies, including but not limited to Section 6.03 PROHIBITED ACTIVITY of the City of Racine Employee Handbook dated January 1, 2015, which could result in disciplinary action, up to and including termination and prosecution under applicable local, state, and/or federal laws.

I authorize the appointing authority of the City of Racine to obtain any necessary information regarding my request under the Families First Coronavirus Response Act.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART 2: Supervisor Section**

This section must be completed by the requesting employee's supervisor:

1. Is the above named employee able to temporarily perform his/her work remotely from home (telecommute) for the period of time off requested above if the COVID-19 public health emergency is ongoing? *(Supervisors are encouraged to talk with the employee requesting leave to determine the employee's remote work capabilities.)* \_\_\_\_\_ Yes \_\_\_\_\_ No
  
2. If the above named employee requested to take intermittent leave in Part 1., Section C. above, do you approve the employee's request to take intermittent leave? *(Supervisors are encouraged to talk with the employee requesting intermittent leave to discuss any concerns with the employee's proposed dates and/or schedule before denying a request for intermittent leave.)*  
\_\_\_\_\_ Approved \_\_\_\_\_ Denied

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART 3: Human Resources Section**

This section must be completed by the Human Resources Department:

**Date Received:** \_\_\_\_\_ **Human Resources Signature:** \_\_\_\_\_

Leave Request is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

If denied, a copy will be provided to the employee stating the reason(s) for denial.

Completed forms can be returned to the Human Resources Department by emailing [humanresources@cityofracine.org](mailto:humanresources@cityofracine.org), or by mailing the form to:

City of Racine – Human Resources Department  
730 Washington Ave., Room 204  
Racine, WI 53403