

**SAN DIEGO UNIFIED SCHOOL DISTRICT**

**Date:** October 12, 2020

**To:** Principals, Vice Principals, Division and Department Heads

**Subject:** FAMILIES FIRST CORONAVIRUS RESPONSE ACT-  
EMERGENCY LEAVE INFORMATION

**Department and/or  
Persons Concerned:** All District Supervisors, Managers, Site administrators, Directors and  
Chiefs

**Due Date:** Immediately

**Reference:** Families First Coronavirus Response Act (FFCRA), Public Law 116-127,  
effective April 1, 2020 through December 31, 2020

**Action Requested:** Provide information to employees requesting leave under the provisions of  
this law.

**Brief Explanation:**

The purpose of this document is to provide employees of San Diego Unified School District with information pertaining to the Emergency Paid Sick Leave Act (EPSLA), Division E, and Emergency Family and Medical Leave Expansion Act (EFMLEA), Division C, provisions under the Families First Coronavirus Response Act (FFCRA), Public Law 116-127.

**FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**

The Families First Coronavirus Response Act (FFCRA), Public Law 116-127, effective April 1, 2020 through December 31, 2020, requires that certain employers provide eligible employees with paid leave due to specific circumstances related to COVID-19 through two separate provisions:

- Emergency Paid Sick Leave Act (EPSLA), Division E of FFCRA
- Emergency Family and Medical Leave Expansion Act (EFMLEA), Division C of FFCRA

The EPSLA allows eligible employees to request two (2) workweeks (up to 80 hours) of paid sick leave for specific reasons.

The EFMLEA allows eligible employees to request up to twelve (12) weeks of expanded family and medical leave so that the employee can care for his or her son or daughter whose school or place of care is closed, or whose childcare provider is unavailable, due to COVID-19 related

reasons. The first two (2) weeks of this leave are unpaid, with the remaining ten (10) weeks paid.

## **DISCUSSION**

### **EMERGENCY PAID SICK LEAVE ACT (EPSLA):**

Effective April 1, 2020 through December 31, 2020, in addition to any other types of available paid leaves, the District is required to provide paid sick leave to employees who are unable to work/telework due to reasons related to COVID-19.

- Full time employees are entitled to up to eighty (80) hours of paid sick leave over a two (2) week period.
- Part time employees, and employees with irregular hours, are entitled to leave based on a prorated basis, which is generally the average number of hours worked during an average two (2) week period.

Leave under EPSLA can only be used for these six (6) specific reasons:

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

### **EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (EFMLEA)**

Effective April 1, 2020 through December 31, 2020, in addition to leave reasons allowed under the Family and Medical Leave Act (FMLA), the District is required to provide expanded paid family and medical leave to employees who are unable to work/telework due to caring for a child whose school or place of care is closed or whose child care provider is unavailable due to COVID-19 related reasons.

- Employees are entitled to a maximum of twelve (12) workweeks of leave during a twelve (12) month period measured forward from the date of the qualifying absence.
- The first two (2) weeks of this leave are unpaid; however, employees may use two (2) weeks of paid leave under EPSLA, or any other types of paid leaves available to supplement. Available supplemental leave types include Sick or Vacation.
- The remaining ten (10) weeks of this leave are paid at two-thirds ( $\frac{2}{3}$ ) of the employee's regular rate of pay. The total payment per employee is capped at \$200 per day and

\$10,000 in the aggregate. Employees may use any other types of paid leaves available to supplement. Available supplemental leave types include Sick or Vacation.

## **ELIGIBILITY**

The employee has notified the District of a request for a leave of absence that qualifies under the FFCRA.

### **Emergency Paid Sick Leave Act (EPSLA)**

To be eligible for EPSLA, an employee must work full-time or part-time for the District. There is no waiting period to use EPSLA.

### **Emergency Family and Medical Leave Expansion Act (EFMLEA)**

To be eligible for EFMLEA, an employee must have worked for the District for at least thirty (30) calendar days. An employee is considered to have been employed for at least thirty (30) calendar days if the District had the employee on its payroll for the thirty (30) calendar days immediately preceding the day the employee's leave would begin.

Twelve (12) workweeks is the maximum FMLA entitlement during any twelve (12) month period, which includes time taken for reasons qualifying under EFMLEA. Thus, if an employee has taken some FMLA leave during the defined twelve (12) month period, the amount of EFMLEA leave is reduced by the amount of FMLA leave that has already been taken.

## **DOCUMENTATION**

In order to determine whether an absence qualifies as EPSLA and/or EFMLEA leave, you must return a completed Certification/Request for Emergency Paid Sick Leave Act (EPSLA) Leave of Absence Form and/or Certification/Request for Emergency Family and Medical Leave Expansion Act (EFMLEA) Leave of Absence Form and the required supporting documentation. Failure to provide a completed form, along with any required supporting documentation to substantiate a request, may result in the delay or denial of the request for a leave of absence.

Certification/Request for Emergency Paid Sick Leave Act (EPSLA) Leave of Absence Form

Certification/Request for Emergency Family and Medical Leave Expansion Act (EFMLEA) Leave of Absence Form

## **EMPLOYEE RIGHTS AND RESPONSIBILITIES**

Please see the attached [Families First Coronavirus Response Act Notice](#) for employee rights and responsibilities.

## FFCRA LEAVE PROCEDURES (for Timekeepers)

### Step 1 - Initial Request Process (Form Completion and Required Supporting Documentation Review)

- Employee reviews the District's procedures concerning the use of sick leave and procedure to access FFCRA
- Employee completes the appropriate forms:
  - [Certification/Request for Emergency Paid Sick Leave Act \(EPSLA\) Leave of Absence Form](#)
  - [Certification/Request for Emergency Family and Medical Leave Expansion Act \(EFMLEA\) Leave of Absence Form](#)
- Employee compiles required supporting documentation
  - Documentation Required:
    - **Reason 1: The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19**
      - The employee must provide the name of the government entity that issued the quarantine or isolation order to which the employee is subject.
      - Physician's Note--required for absences of more than 5 days.
    - **Reason 2: The employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19**
      - Must provide the name of the healthcare provider who advised them to self-quarantine for COVID-19 related reasons.
      - Physician's Note--required for absences of more than 5 days.
    - **Reason 3: The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis**
      - No documentation necessary
      - Physician's Note--required for absences of more than 5 days.
    - **Reason 4: The employee is caring for an individual who is subject to an order, or who has been advised by a healthcare provider to self-quarantine**
      - Depending on the specific reason, the employee must provide either:
        - ◆ The name of the government entity that issued the quarantine or isolation order to which the individual is subject; or
        - ◆ The name of the healthcare provider who advised the individual to self-quarantine
      - Physician's Note--required of absences of more than 5 days.
    - **Reason 5: The employee is caring for their child whose school or place of care has been closed or whose childcare provider is**

**unavailable due to COVID-19 related reasons (for EPSLA or EFMLEA)**

- The employee must provide the following information (contained on forms):
  - ◆ The name of the child(ren) being cared for;
  - ◆ The name of the school, place of care, or childcare provider that closed or became unavailable due to COVID-19 reasons; and
  - ◆ A statement representing that no other suitable person is available to care for the child during the period of requested leave.
- **Reason 6: The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.**
  - ◆ No documentation necessary
  - ◆ Physician's Note--required for absences of more than 5 days.
- Employee submits the completed forms and required supporting documentation to the Administrator/Supervisor for review and approval.

**Step 2 - Supervisor Review and Document Submission**

- The Administrator/Supervisor will review the forms submitted by an employee.
  - **EPSLA Leave of Absence**
    - Once the Administrator/Supervisor has reviewed the form and obtained supporting documentation, the Administrator/Supervisor will sign the EPSLA Leave of Absence Form (timecard) and follow the normal timekeeping procedures. If the employee has already used the leave (between July 1, 2020 to December 31, 2020), Administrator/Supervisor will check the Denial Box on the form and notify the employee of the reason for the denial.
    - The Site/Department will retain the EPSLA Leave of Absence Form (timecard), and required supporting documentation, for four (4) years; documents should be maintained in the site's timekeeping records. **DO NOT FORWARD TO HR.**
  - **EFMLEA Leave of Absence**
    - If the requested absence qualifies for an EFMLEA leave, the Site/Department Timekeeper will forward the EFMLEA form and required supporting documentation to Human Resources by submitting it to: [LOA@sandi.net](mailto:LOA@sandi.net)
    - An Approval Letter will be issued to the employee by Human Resources. If Human Resources determines that the requested absence does not qualify for EFMLEA leave, a Denial Letter will be issued to the employee by Human Resources.

**Step 3 - Site Timekeeping/Payroll Notification**

- Use the appropriate Category I TRC Code shown below when the EPSLA leave is being requested for reasons 1-3 outlined in Step 1 of this procedure.

**Certificated Employees**

**Classified Employees**

Code	Description
19CSL	Sick Leave CERT Category I

Code	Description
19LSL	Sick Leave CLASS Category I

- Use the appropriate Category II TRC Code shown below when the EPSLA leave is being requested for **reasons 4-6 outlined in Step 1 of this procedure.**

**Certificated Employees**

**Classified Employee**

Code	Description
19CSK	Sick Leave CERT Category II

Code	Description
19LSK	Sick Leave CLASS Category II

- Once an EFMLEA leave of absence has been approved, the Payroll Department will take the responsibility of reporting absences and adjusting pay for employees. In the case of an intermittent EFMLEA, the payroll specialist will coordinate with the timekeeper for reporting days of absence.

**Please contact your payroll specialist with any questions regarding time reporting for EPSLA or EFMLEA leave.**

**Step 4 - Nursing and Wellness Department Notification**

- For Reasons 1, 2, 3, 4 and 6 above, the Site/Department Timekeeper, or Administrator/Supervisor, must notify the District's Nursing and Wellness Department immediately, at: (619) 725 - 5501.
- The Nursing and Wellness Department will contact the local health department and will assist with the contact tracing process.
- Due to privacy laws, information regarding the employee's identity cannot be released. Site/Department Timekeepers and Administrators/Supervisors must keep all requests for FFCRA related leaves confidential.

All forms are available on the Staff Portal > Human Resources Forms:

[https://staff.sandiegounified.org/departments/human\\_resources/human\\_resources\\_forms](https://staff.sandiegounified.org/departments/human_resources/human_resources_forms)

Please refer all questions to the Human Resource Services Division, [loa@sandi.net](mailto:loa@sandi.net)

APPROVED:

A handwritten signature in black ink that reads "Acacia Thede". The signature is written in a cursive, flowing style.

Acacia Thede  
Chief Human Resources Officer

AT:rh