



WEST VIRGINIA STATE UNIVERSITY

APPLICATION FOR LEAVE UNDER THE FEDERAL FAMILIES FIRST CORONAVIRUS RESPONSE ACT/EMERGENCY FAMILY AND MEDICAL LEAVE and EMERGENCY PAID SICK LEAVE

(Note: Employee must be employed for 30 calendar days to be eligible for Emergency Family and Medical Leave)

EMPLOYEE NAME:	WORK AND HOME TELEPHONE NUMBERS:
EMPLOYEE ADDRESS: (Street Address, City and Zip Code):	
FGRCTVO GPV:	
I AM MAKING APPLICATION FOR LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT FOR:	
<p><u>EMERGENCY FAMILY AND MEDICAL LEAVE</u></p> <p>Care for a minor child if the child’s school or place of child-care has been closed or is unavailable due to a public health emergency</p> <p>I AM REQUESTING THE LEAVE BE PAID AND/OR UNPAID AS FOLLOWS:</p> <p>____ Hours Paid (annual) ____ Hours Paid (sick) ____ Hours Paid (emergency sick leave) ____ Hours Unpaid</p> <p>NOTE: Eligible employees shall be granted unpaid leave or may take accrued leave, or up to 75 hours of paid emergency sick leave during the first ten (10) days of leave.</p> <hr/> <p><u>EMERGENCY PAID SICK LEAVE:</u></p> <p><u>SELF</u></p> <p>I AM subject to federal, state or local quarantine or isolation order related to COVID- 19</p> <p>I HAVE been advised by a health care provider to self-quarantine because of COVID-19</p> <p>I AM experiencing symptoms of COVID-19 and seeking a medical diagnosis</p> <p>NOTE: Full-time employees who are unable to work or telework are eligible for up to 75 hours of paid sick leave at their regular rate of pay.</p> <p><u>FAMILY MEMBER</u></p> <p>I AM caring for an individual subject or advised to quarantine or isolation</p> <p>I AM caring for a son or daughter whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions</p> <p>I AM experiencing substantially similar conditions as specified by the Secretary of Department of Health and Human Services</p> <p>I AM REQUESTING THE LEAVE BE PAID AND/OR UNPAID AS FOLLOWS:</p> <p>____ Hours Paid (annual) ____ Hours Paid (sick) ____ Hours Paid (emergency sick leave) ____ Hours Unpaid</p> <p>NOTE: Full-time employees who are unable to work or telework are eligible for up to 75 hours of paid sick leave at two-thirds (2/3) of the employee’s regular rate or minimum wage, whichever is greater when caring for an immediate family member.</p>	



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PERIOD OF LEAVE: FROM Date: _____ _____ AM PM TO Date: _____ _____ AM PM	TO BE TAKEN: Continuously Intermittently
EMPLOYEE SIGNATURE:	APPLICATION DATE:
IMMEDIATE SUPERVISOR SIGNATURE: Approved Disapproved	EMPLOYEE SIGNATURE: Approved Disapproved

NOTE: In response to the federal Families First Coronavirus Response Act effective April 1, 2020, this form is to be used by eligible employees affected by the COVID-19 pandemic to request leave for paid or unpaid leave under the Emergency Family and Medical Leave Expansion Act and the Emergency Paid Sick Leave Act. These provisions of the Act will be effective April 1, 2020. For other qualifying leave under the federal Family and Medical Leave Act (FMLA), State Parental Leave Acts, or any other leave afforded by state or federal laws, please contact the WVSU Department of Human Resources.