

## Families First Coronavirus Response Act (FFCRA) Emergency Family Leave Expansion Act Form

In accordance with the Harnett County Personnel Policy, COVID-19 Policy, and the Emergency Family Leave Expansion Act, which goes into effect April 1, 2020, I hereby request **Emergency Family Leave** for the following reason:

- I am responsible for the care of my minor son or daughter, who is younger than age 18, because their school and/or day care is closed (proof related to closing is attached)
- I am requesting this **Emergency Family Leave** effective: \_\_\_\_\_.

By signing below, I understand and acknowledge all of the following:

1. The first 10-days of **Emergency Family Leave** is unpaid. If I choose to use Emergency Paid Sick Leave under the Families First Coronavirus Response Act, I will notify the County of my decision to use Emergency Paid Sick leave by filling out the **Emergency Paid Sick Leave Act Form**.
2. I may choose to use my accrued compensatory time, petty leave, sick time or vacation time for the 10-days of unpaid **Emergency Family Leave** instead of applying Emergency Paid Sick Leave under the Families First Coronavirus Response Act. It is solely my responsibility to complete the necessary Request for Leave documentation or provide other like documentation in an email to Human Resources ([amclamb@harnett.org](mailto:amclamb@harnett.org)), in order to notify Human Resources of how I plan to be compensated for the 10-day unpaid period of **Emergency Family Leave**.
3. Following the first 10-days unpaid under this policy, **Emergency Family Leave** will compensate me at 2/3 (66.67%) of my regular rate of pay for up to 10-weeks or as long as a federal, state, local COVID-19 state of emergency is in effect. My pay will be capped at \$200 per day (or \$10,000 in aggregate). I CANNOT supplement **Emergency Family Leave** with accrued leave of any kind.
4. **Emergency Family Leave time will count towards my FMLA entitlement of 12 weeks in a rolling 12-month period for all FMLA qualified reasons.**
5. **Emergency Family Leave may be taken intermittently. I will coordinate my work and Emergency Family Leave schedule with my immediate supervisor. I am responsible for clearly noting my Emergency Family Leave time and my hours of work, if any, on my timecard.**
6. The employment tax provisions of the FFCRA are found in the legislation. The County will comply with these rules.
7. All other provisions of the Harnett County Personnel Ordinance and COVID-19 Policy apply.
8. Emergency Family Leave is in effect for as long as a federal, state or local COVID-19 state of emergency is in effect, and in any event only through December 31, 2020.
9. Human Resources will write to me further regarding any clarification needed on my application and my approval status.

Employee Name (Please print)

Employee Signature

Phone Number

Date

Department Director Name (Please print)

Department Director Signature

Phone Number

Date