FFCRA Emergency Leave Request
(COVID-19)

Employee
Name: Lisa Dowillard
*Email: stankov@umbc.edu

Department
Name: Supervisor Test
*Email: stankov@umbc.edu

Optional CC
Name: Name
*Email: Email

P.S. Dept ID: 10248
*Dept Name: Human Resources

*Employee Classification: Staff
*Leave Type Request: <50% FTE

Next: Proceeding the next step will begin the Electronic Signature process.

* = Required Field.
FFCRA Emergency Leave Request
(COVID-19)

Lisa Drouillard
1000007075

<table>
<thead>
<tr>
<th>Leave Type:</th>
<th>Dept ID/Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>10345 Human Resources</td>
</tr>
</tbody>
</table>

Section I. Employee Contact Information
The Human Resources Department may have a need to contact you while on leave. The HR Office will make every effort to contact you via your UMBC email address. In the event contact through campus email is not successful, please provide an alternate email address and/or phone number that may be used.

Alternate email address: 
Alternate phone number: 

Section II. Leave Information

Leave Status: -- select --
Leave Begin Date: 
Anticipated Leave End Date: 

Section III. Leave Request

1. -- select -- I am requesting Emergency Paid Sick Leave* at FULL PAY due to:

* A full-time employee is eligible for 10 days/80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
2. I am requesting Emergency Paid Sick Leave (up to 10 work days) at 2/3 pay to:

3. I am requesting Emergency Family and Medical Leave coverage (up to 12 weeks, paid at 2/3 pay after 10 days) to care for a son or daughter if their school or place of care has been closed or the child care provider is unavailable due to a COVID-19 related emergency.

4. I have used Family Medical Leave (FML) in the last 12 months.
FFCRA Emergency Leave Request
DocuSign Application

Employee Authorization
My request for leave represents that I am unable to work based on the specified reason and identified time period and frequency.

In accordance with the leave type, corresponding reason, and my employee classification, my pay may be limited to two-thirds of my regular pay up to $200.00 daily maximum or $111.00 daily based on the leave provision under FFCRA. Otherwise, I will be permitted to supplement my remaining pay with my accrued leave.

I must submit all required information to my supervisor and the Human Resources Department before my leave begins whenever possible. In cases where this is not possible, I understand that my request with required information must be submitted as soon as practicable.

My timesheet will be completed and submitted in accordance with the instructions and procedures provided to me by the Human Resources Department under the provisions for the Families First Coronavirus Response Act (FFCRA).

My signature indicates that the facts set forth on this form are true and complete to the best of my knowledge. I further understand that intentional misrepresentation in completing this form may result in a reprimand and/or the reversal of leave usage.

Notes/Comments:

Lisa Drouillard 8/12/2020 | 3:15:33 PM EDT

Supervisor Acknowledgement
I acknowledge that this employee has notified me that they are requesting leave approval through the provisions of the Emergency Paid Sick Leave (EPSL) and/or Emergency Family and Medical Leave (EFML). I support the employee's request. All information obtained during this process will be maintained and used in accordance with confidentiality requirements.

Notes/Comments:

Supervisor Test
**FFCRA Emergency Leave Request**

**Docusign Application**

---

**HUMAN RESOURCES ACKNOWLEDGEMENT: ELIGIBILITY REVIEW**

Based on the information provided on leave request form, Human Resources has determined you are eligible for the following leave plans and hours associated with the Families First Coronavirus Relief Act. Eligibility of hours reflect the maximum allowable hours based on the following:

- Employee Category
- Employee FTE or Hours Worked
- Leave Type
- Leave Status Request (continuous/intermittent)

Timeframes should only record the leave usage as it pertains to the current scenario and should not be used if the scenario is no longer in effect.

<table>
<thead>
<tr>
<th>EMPLOYEE CATEGORY: Regular Exempt, Regular Nonexempt, Regular Faculty &amp; Contingent II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APPROVED LEAVE</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Emergency Paid Sick Leave – Self</td>
</tr>
<tr>
<td>Emergency Paid Sick Leave – Other</td>
</tr>
<tr>
<td>Emergency Family and Medical Leave</td>
</tr>
</tbody>
</table>

Optional Attachments:

<table>
<thead>
<tr>
<th>EMPLOYEE CATEGORY: Contingent I, Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APPROVED LEAVE</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Emergency Paid Sick Leave – Self</td>
</tr>
<tr>
<td>Emergency Paid Sick Leave – Other</td>
</tr>
<tr>
<td>Emergency Family and Medical Leave</td>
</tr>
</tbody>
</table>

I acknowledge that the employee has notified me that they are seeking approval of Emergency Paid Sick Leave Act and/or Emergency Family and Medical Leave. I have reviewed the documentation and verified the employee’s eligibility and leave records. All information obtained during this process will be maintained and used in accordance with confidentiality requirements.

Notes/Comments: