



## Family First Coronavirus Response Act/COVID-19 Leave Request or Documentation Forms Procedures

To ensure that employees are provided with a method and process to avail themselves of the Family First Coronavirus Responses Act Emergency Leave. The emergency leave is only provided to employees that are unable to TeleWork for any of the options available.

**WHAT:** The TCA Family First Coronaviruses Response Act (FFCRA) **Leave Request Form** is designed to provide employees with the ability to apply for the Emergency Paid Sick Leave (EPSL) or the Emergency Paid Family Medical Leave Act (EFMLA) in a simplified manner. The **Leave Documentation Form** provides employees with a method of providing the necessary supporting documentation to support their FFCRA Leave Request. These forms are valid from April 1, 2020 to December 31, 2020 only.

### WHO USES THIS PROCESS?

- Any Total Community Action, Inc employee requesting leave through FFCRA provisions.

**DIRECTIONS:** Employees should access the form on the TCA website at [www.tca-nola.org](http://www.tca-nola.org) or request a form from the Human Resources Department.

### LEAVE REQUEST FORM

Employee should complete information requested in the **Employee Details** section by providing their name, official mailing address, TCA Employee Email, contact phone numbers, primary work location, current supervisor, and the start and end date of the leave period they are requesting.

Complete which **Type of Leave** request (Emergency Paid Sick Leave or Emergency Family and Medical Leave Act) and select the qualifying reason for the request. Each option requires a specific type of source documentation. The accepted documentation is provided by each option. Only the listed documentation will be accepted. Either the health provider statement, and/or the self-attestation may be provided on the Leave Documentation Form for the appropriate option.

Once the form is completed, sign the form and submit to the Human Resources Department for further processing.

### LEAVE DOCUMENTATION FORM

Employee should complete information requested in the **Employee Details** section by providing their name, official mailing address, TCA Employee Email, contact phone numbers, and the start and end date of the leave period they are requesting. Complete the **document type** supporting the option selected on the Leave Request Form.

*Health Professionals: Should health provider decline to submit documentation on their agency letterhead they may complete and sign the TCA form.*

Individual attestation may suffice for employees caring for individual subject to quarantine for Emergency Sick Leave or in EFMLA caring for a son, daughter or child in loco parentis (in the place of a parent). Sign the attestation line and submit any additional documentation that may further support your request.

Further clarifications are provided in the TCA Compliance Families First Coronavirus Response Act FFCRA Notice and employee FAQ documents.



# Family First Coronavirus Response Act/COVID-19 Leave Request Form

## Instructions:

Employees requesting leave related to Family First Coronavirus Response Act/COVID-19 should complete this form only if the leave is requested for one of the reasons listed below. Requests for any other leave should be submitted pursuant to standard procedures. For electronic submission you may return this form by clicking "Submit" below or by email to [hr@tca-nola.org](mailto:hr@tca-nola.org). A Human Resources Representative will respond by **telephone to the contact number listed below** on the same business day the form is received, or within two (2) TCA business days during times of high-volume requests.

**Do not report to work if you have been diagnosed with COVID-19, are exhibiting any symptoms of COVID-19, or if you have been in direct contact with an individual with a confirmed case of COVID-19. Please visit [www.tca-nola.org/important-links](http://www.tca-nola.org/important-links) for agency updates.**

## EMPLOYEE DETAILS

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TCA EMAIL\* \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Work Location \_\_\_\_\_

Supervisor \_\_\_\_\_ START \_\_\_\_\_ END \_\_\_\_\_

*\*Only TCA Email Accounts are accepted for agency related transactions*

## LEAVE REQUEST DATES

Please refer to TCA's Family First Coronavirus Response Act Employee FAQs for additional guidance prior to submitting form.

## EMERGENCY PAID LEAVE REQUEST DETAIL

- Subject to quarantine or isolation order by Federal, State or local order related to COVID-19 (*Attach Order*)
- Advised by health care provider to self-quarantine related to COVID-19 (*Attach medical documentation, either via the certifier letterhead which must say COVID-19 or use TCA C19 Leave Documentation form*)
- Experiencing COVID-19 symptoms and seeking medical diagnosis (*use TCA C19 Leave Documentation form*)
- Caring for an individual subject to a quarantine or self-isolation order related to COVID-19 (*use TCA C19 Leave Documentation form*)
- Caring for a dependent whose school or place of care is closed or unavailable for reasons related to COVID-19 (*attach TCA Dependent Care form and an email, website announcement, or other published notice of closure or unavailability from an employee's child's school or child care provider*)
- Experiencing any other substantially similar condition specified by Secretary of HHS in consultation with secretaries of Treasury and Labor

### NON-QUALIFYING REASONS

- Employee is scared to come to work;
- Employee is furloughed; There is no work to do; or not enough for employee to work full time
- Employer has asked employee to stay home for their safety and employee is not teleworking
- Employer has asked employee to stay home due to federal, state or local directive such as "stay at home" order or meeting ban (and employee is not teleworking)

## EMERGENCY FAMILY MEDICAL LEAVE REQUEST DETAIL

An employee is unable to work (or telework) due to a need to care for a son or daughter, if the child's school or place of care has been closed, or if the child care provider is unavailable due to COVID-19 (*attach TCA Dependent Care form and an email, website announcement, or other published notice of closure or unavailability from an employee's child's school or child care provider*)

Son or daughter includes: (1) adult child with a disability and is unable to care for self, and (2) in loco parentis Advised by health care provider to self-quarantine related to COVID-19 (*use TCA C19 Leave Documentation form*)

### NON-QUALIFYING REASONS

- Employee is furloughed; There is no work to do; or not enough for employee to work full time
- Employer has asked employee to stay home for their safety and employee is not teleworking
- Employer has asked employee to stay home due to federal, state or local directive such as "stay at home" order or meeting ban (and employee is not teleworking)

## EMPLOYEE CERTIFICATION

*I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize Total Community Action, Inc to obtain and verify any necessary information regarding my request. I understand that providing false information may result in corrective action up to, and including, separation of employment. I understand that I should still follow all department policies, including call-out procedures.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## EMPLOYER DETERMINATION

### EMERGENCY PAID LEAVE

Employee is:

NOT eligible for Emergency Paid Leave

is eligible for Emergency Paid Leave effective: \_\_\_\_\_ and is entitled to be paid:

100% of their average pre-leave compensation (up to \$511 per day)

66.6% of their average pre-leave compensation (up to \$200 per day)

### EMERGENCY FAMILY MEDICAL LEAVE ACT

Employee is:

Eligible for Emergency Family Medical Leave effective \_\_\_\_\_ and

The first 10 days are unpaid (employee may choose to use other leave (sick or Emergency sick leave) to run concurrently. Emergency FMLA is paid at 2/3rds of the employee regular rate of pay up to \$200/day

NOT eligible for Emergency FMLA effective \_\_\_\_\_

### NOT ELIGIBLE

Employee is not eligible for benefits under EPL/EFMLA since leave is due to:

Employee was laid off/furloughed effective \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# Family First Coronavirus Response Act/COVID-19 Leave Documentation Form

### Instructions:

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**REMEMBER: Do not report to work if you have been diagnosed with COVID-19, are exhibiting any symptoms of COVID-19, or if you have been in direct contact with an individual with a confirmed case of COVID-19. Please visit [www.tca-nola.org/important-links](http://www.tca-nola.org/important-links) for agency updates.**

### EMPLOYEE DETAILS

Name: \_\_\_\_\_  
TCA EMAIL\* \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### LEAVE REQUEST DATES

START \_\_\_\_\_ END \_\_\_\_\_  
*\*Only TCA Email Accounts are accepted for agency related transactions*

**To document my request for Emergency Paid Leave or Emergency Family Medical Leave Act, I am submitting the following documentation. I authorized the health provider to release any and all pertinent information related to my treatment for COVID-19.**

Person named above has been advised by a qualified health care provider to self-quarantine related to COVID-19 (Attach written medical documentation, either via the certifier letterhead which must say COVID-19 or this form by selecting the box to the left and completing the information below.)

Medical Care Provider Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Signature \_\_\_\_\_

I am experiencing COVID-19 symptoms and seeking medical diagnosis via the following method and date

Treatment/Diagnosis Sought Provider \_\_\_\_\_  
Date and Time of Appointment \_\_\_\_\_

I am Caring for an individual subject to a quarantine or self-isolation order related to COVID-19 (certification of person subject to quarantine attached)

Verification signature by employee \_\_\_\_\_

### FMLA

Son or daughter includes: (1) adult child with a disability and is unable to care for self, and (2) in loco parentis  
Advised by health care provider to self-quarantine related to COVID-19

Verification signature by employee \_\_\_\_\_

### RECEIVED BY

\_\_\_\_\_  
Employer Representative (Print) Title Date



**Family First Coronavirus Response Act/COVID-19  
Dependent Care  
Employee Statement for Emergency  
Federal and Medical Leave (EFMLA) Request**

Name: \_\_\_\_\_

To be considered eligible for emergency federal and medical leave sick leave (EFMLA) for the **qualifying reason of a child's school or childcare provider closure or unavailability due to a public health emergency**, an employee must provide the following information:

Name, address, phone number of school(s) or place(s) of care that is unavailable - *Required*

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Full name and age of child to be cared for- *Required*

Full name and age of child to be cared for

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Full name and age of child to be cared for

Full name and age of child to be cared for

For **any child older than 14**, provide a statement detailing the special circumstances that exist requiring you to provide care during daylight hours.

**Employee Attestation:**

I certify that no other person will be providing care for the child(ren) named above during the period for which I am receiving emergency family and medical leave.

I understand that providing false or misleading information regarding the need for EFMLA or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date