

City of Waupaca
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
Request for Emergency Paid Sick Leave (EPSL) for Emergency Responders Form
Effective April 1, 2020

SECTION A: EMPLOYEE INFORMATION (this form is for emergency responders only) Emergency Responders have been identified as law enforcement, EMS, and firefighters; building inspectors; emergency management; housing and shelter personnel; infrastructure work including building management and maintenance, custodial services, transportation related work include road construction and maintenance; water and waste operations; any utilities operations; communications positions, and all support positions associated with such positions.

Employee Name:	
Date of Request:	
Anticipated Start of Leave Date:	
Anticipated End of Leave Date:	

SECTION B: QUALIFICATIONS (to be eligible for Emergency Paid Sick Leave, you must be able to check one of the below):

- #1 The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19 (the Wisconsin Safer at Home order is not a quarantine or isolation order that qualifies for the use of sick leave under the FFCRA);
- #2 The employee has been advised by a health care provider to self-quarantine because of COVID-19;
- #3 The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
- #4 The employee is caring for a family member subject (as defined in the bereavement policy in the collective bargaining agreement, or employee handbook, as applicable) or advised to quarantine or isolation;

** Please note you may be eligible for state or federal Family Medical Leave (FMLA).
Contact the City Administrator or Finance Director for additional information and eligibility requirements.*

SECTION C: PAY AND BENEFITS

Leave for reasons (1), (2), (3) and (4) are paid at 100% of the employee's regular rate of pay. Per federal policy (4) is not granted by right but per City of Waupaca policy emergency responders are able to obtain department head approval for (4) as the department head sees fit.

I understand given the reason for my request for Emergency Paid Sick Leave that I am eligible for 100% of my pay while out for reasons outlined in (1), (2), (3) and (4). I understand that this pay is limited to 80 hours. I also understand that it is capped at \$511 per day or a maximum aggregate payment of \$5,110 for full time employees and capped at \$200 per day or a maximum aggregate payment of \$2,000 for part time employees.

SECTION D: CONSECUTIVE AND INTERMITTENT LEAVE

I will be taking this time off consecutively (every day).

I will be taking this time intermittently meaning, there will be some days I will be able to be at work and some days I will not.

** Intermittent schedules must be discussed and approved by your supervisor ahead of time.*

Signature:

Date:

Please submit this completed form to your Department Head and include documentation if you have that available.