

Louisiana Department of Health (LDH)
**EMPLOYEE INSTRUCTIONS and REQUEST FORM FOR LEAVE UNDER THE
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**
(April 01, 2020 – March 31, 2021)

EXCLUSION: The FFCRA provides that health care providers and emergency responders may be excluded from the Act’s provisions. Effective September 16, 2020, the U.S. Department of Labor’s Wage and Hour Division (WHD) has posted revisions to regulations that implemented the paid sick leave and expanded family and medical leave provisions of FFCRA. The revisions revised the previous definition of “health care provider.”

For the purposes of defining the set of employees who are excluded from taking paid sick leave or expanded family and medical leave under FFCRA, a health care provider includes two groups.

The first group is anyone who is a licensed doctor of medicine, nurse practitioner, or health care provider permitted to issue a certification for purposes of FMLA.

The second group is any other person who is employed to provide diagnostic services, preventive services, treatment services, or other services that are integrated with and necessary to the provision of patient care and, if not provided, would adversely impact patient care. This group includes employees who provide direct diagnostic, preventive, treatment, or other patient care services, such as nurses, nurse assistants, and medical technicians. It also includes employees who directly assist or are supervised by a direct provider of diagnostic, preventive, treatment, or other patient care services. Finally, employees who do not provide direct health care services to a patient but are otherwise integrated into and necessary to the provision of those services—for example, a laboratory technician who processes medical test results to aid in the diagnosis and treatment of a health condition—are health care providers.

A person is not a health care provider merely because his or her employer provides health care services or because he or she provides a service that affects the provision of health care services. For example, IT professionals, building maintenance staff, human resources personnel, cooks, food services workers, records managers, consultants, and billers are not health care providers, even if they work at a hospital or a similar health care facility.

All LDH employees who fall within this definition of health care provider as defined above are not eligible for the emergency paid sick leave or expanded family and medical leave under FFCRA. This will include any LDH employees activated on or after September 16, 2020, to work at a LDH Medical Special Needs Shelter (MSNS) and working in a healthcare provider role as defined by FFCRA at the MSNS.

LDH employees that have questions related to whether they fall within the definition of health care provider as defined above, should contact Human Resources prior to completing the request form.

If you fall under any of the exclusions on page 1,  , you are not eligible for any leave under FFCRA.

Otherwise, please proceed.

1. Notify your supervisor of your need to request leave under this Act.
2. Fully complete and submit the request form and any required documentation within 3 working days prior to the beginning of the requested leave or as soon as practicable.
3. Submit all forms and questions to Human Resources at LDH-FFCRA@la.gov
4. If you are requesting intermittent leave, you must provide your supervisor with a fixed intermittent work/leave schedule.
5. For approved leave under this Act, LDH Human Resources will notify the employee, timekeeper, and supervisor of the appropriate leave code(s) to use for payroll purposes.
6. For denied leave under this Action, LDH Human Resources will notify the employee and supervisor.
7. Notify your supervisor as soon as possible if your need for leave changes or if you no longer have a qualifying need for leave under this Act.
8. This Act became effective on April 01, 2020 and was amended on September 16, 2020. Any employee who used personal leave, but who would no longer be considered a health care provider under the September 16, 2020 amendment should contact Human Resources to determine whether any leave used by the employee should be returned.
9. Please review the LDH Employee Guidance and Resources for updates related to COVID-19; www.ldh.la.gov

Louisiana Department of Health (LDH)
EMPLOYEE REQUEST FOR LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
(April 01, 2020 – March 31, 2021)

Section I. Employee Information

Date of Request: _____ Personnel #: _____
Name: _____ Job Title: _____
Agency/Program Office: _____ Phone #: _____
Supervisor's Name: _____ Phone #: _____
Dates Leave Requested: Start: _____ End: _____
If this is an intermittent leave request (e.g., certain days, partial days), please provide work schedule:

Section II. General Information (Please read)

Subject to any exclusions, the FFCRA provides Emergency Paid Sick Leave (EPSLA) and/or Emergency Family and Medical Leave (EFMLEA) paid leave under specific qualifying needs related to COVID-19 upon the eligible employee's request. Additional documentation may be required to verify eligibility.

Furthermore, under the FFCRA, you are **UNABLE TO WORK** if your employer has work for you to do, but one of the qualifying needs below prevents you from being able to perform that work, either at your regular worksite or remotely.

Section III. Qualifying Need for Leave (Select all that apply)

I am unable to work for one or more of the following reasons:

- ____ (1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. (EPSLA)
➤ Name of entity that ordered quarantine or isolation _____
- ____ (2) I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19. (EPSLA)
➤ Name of the healthcare provider who gave the advice _____
- ____ (3) I am experiencing symptoms of COVID-19 and I am seeking medical diagnosis. (EPSLA)
- ____ (4) I am caring for an individual who is subject to a Federal, State or local quarantine or isolation order related to COVID-19 or an individual who has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19. (EPSLA) Name of individual _____ Relationship _____
- ____ (5) I am caring for my son or daughter who is under the age of 18 or 18 or older and incapable of self-care because of a mental or physical disability, whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 related reasons and I have no other suitable person available to care for my child.
➤ Check one or both: _____ EPSLA _____ EFMLEA
➤ Child's name _____ DOB _____
➤ Name of school, place of care or provider _____
- ____ (6) I am experiencing other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (EPSLA)
➤ Please explain and provide documentation _____

Section IV. For EPSLA Request Only

EPSLA Eligibility. Subject to any exclusions, employees are entitled to up to 80 hours of paid sick leave, separate and apart from any accrued leave balance they may carry.

Limitations. Employees are only entitled to a one-time, 80 hours period of paid sick leave, even if they are subject to multiple qualifying events.

Section V. For EFMLEA Request Only

EFMLEA Eligibility. Subject to the exclusions, an employee employed for at least thirty (30) calendar days who is unable to work because he/she needs leave to care for a child under the age of 18 or 18 or older and incapable of self-care due to a mental or physical disability, whose school or place of care is closed or child care provider is unavailable due to reasons related to COVID-19 is entitled to up to twelve weeks of leave.

Duration of Leave. EFMLEA is not a new leave allotment added to the twelve weeks already available under the "original" Family and Medical Leave Act (FMLA); rather, it is the same twelve-week allotment with the expansion being in terms of who can take leave, for what purposes leave may be taken, and pay. If an employee has already taken FMLA leave under the LDH's FMLA policy pre-dating April 1, 2020, only the balance of the leave is available for EFMLEA purposes. Also, be advised that EFMLEA expires on March 31, 2021, so the EFMLEA expansion is limited in duration.

Required Documentation. Please provide supporting documentation to your request for leave that clearly identifies the name of the son or daughter being cared for; the name of the school, place of care, child care provider that has closed or become unavailable; and a representation that no other suitable person will be caring for your son or daughter during the period for which you take EFMLEA under #5 above.

Examples of documentation include a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care facility.

Section VI. Leave Usage and Pay Calculation

Select below how you want your pay to be calculated based on your qualifying need for leave.

A. OPTIONS FOR QUALIFYING NEEDS 1, 2 & 3 (Up to 80 hours/Max \$511 per day):

- Emergency Paid Sick Leave Only
- Emergency Paid Sick Leave plus use of your available accrued leave to receive full regular pay

B. OPTIONS FOR QUALIFYING NEEDS 4, 5 & 6 (Up to 80 hours - including 1st two weeks of EFMLEA - at 2/3 pay/ Max \$200 per day):

- Unpaid (will not reduce available EPSLA or your available accrued leave)
- Emergency Paid Sick Leave only (will not reduce your available accrued leave)
- Employee's own accrued leave only (will not reduce available EPSLA)
- Emergency Paid Sick Leave plus use of your available accrued leave to receive full regular pay

C. OPTIONS FOR QUALIFYING NEED 5 (Weeks 3-12 as available at 2/3 pay/Max \$200 per day) NOTE: Under this option, accrued sick, compensatory/annual leave is required to make the employee whole, and will be automatically deducted beyond the \$200/day cap:

- EFMLEA plus use of available accrued sick leave upon exhaustion of compensatory/annual to receive full regular pay.

Section VII. Signatures

Employee Statement. I certify that I am unable to work based on the reason(s) that I have identified above. I acknowledge that I have read the "Employee Instructions and Request Form for Leave under the FFCRA" page accompanying this form and I understand all of my leave responsibilities and the information provided therein. I understand that falsifying information related to this request is subject to disciplinary action up to and including dismissal.

Employee signature / electronic signature: _____ Date: _____

Supervisor Statement. I am aware of this employee's request for leave under FFCRA.

Name (printed): _____ Title: _____

Signature / electronic signature: _____ Date: _____