

**The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.**

### **PAID LEAVE ENTITLEMENTS**

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

#### **100% for qualifying reasons #1-3, up to \$511 daily and \$5,110 total;**

1. The subject to a Federal, State, or local quarantine or isolation order related to COVID-19
2. I have been advised by a health care provider to self-quarantine related to COVID-19
3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis

#### **2/3 for qualifying reasons #4 and 6, up to \$200 daily and \$2,000 total;**

4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
5. I am caring for a child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons  
(Intermittent time available for reason 5 ONLY)
6. I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Service

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

**Please remember, DCWs will not be paid for hours worked, and cannot be paid for paid earned time hours, for which they have claimed Emergency Paid Sick Leave.**

### **INSTRUCTIONS**

1. **Please mail, fax (413-256-3849 or 888-773-4281) or email (fitimesheets@stavros.org)** this signed form by 12:00 P.M. on the Monday after the weekly cycle ends to ensure timely payment. **Incomplete or illegible forms or forms not signed by the DCW will be returned.** Please do not send the form twice. **Be sure to keep a copy of the timesheet for the DCW records.**
2. Record the Payroll Period. Each week starts on Sunday and runs through Saturday.
3. Record the Employer and DCW information. Consumer Name, Consumer Number, DCW Name and DCW last 4 of SSN.
4. Record Code
5. Record Total number of hours for each day.
6. Record Weekly Hour Total
7. Choose the appropriate reason and check the box (**only choose one**)
8. For optimum accuracy, please:
  - Write in BLACK PEN ONLY
  - Write numbers as large and legible as possible.
  - If you have any questions, please call FI at (413)256-6692 or (800)442-1185 or your skills trainer for clarification before submitting the form.
9. Inform your Consumer that you are taking Emergency Paid Sick Leave.