



**Frequency of Requested Leave:**

**EPSLA:** Continuous?  Yes  No

Intermittent?  Yes  No

If intermittent use: How many days per week? \_\_\_\_\_

Number of hours per day? \_\_\_\_\_

**EFMLEA:** Continuous?  Yes  No

Intermittent?  Yes  No

If intermittent use: How many days per week? \_\_\_\_\_

Number of hours per day? \_\_\_\_\_

*\*If you are approved EFMLEA, you may also be eligible to take emergency paid leave for the first two weeks of that leave period or you may substitute any accrued vacation leave, personal leave, or sick leave you have. Refer to additional leave guidance in this document.*

Within the effective dates of this approval, I will use of the following leave as submitted on [DOC 03-407 Leave Request](#).

- Accrued leave (vacation, comp, sick) Frequency: \_\_\_\_\_
- Leave without Pay (LWOP COVID-19) Frequency: \_\_\_\_\_
- I will be using Emergency Paid Sick Leave Act (EPSLA), then filing for unemployment.

Except when approved for EFMLEA, employees must either work, telework, or use paid leave for a minimum of 8 hours per month to maintain their health care benefits. Employees are responsible to pay their portion of the health care premiums, even if 8 hours per month does not generate enough income to cover their portion of the premium. Any unpaid portion will go into arrears. When the employee returns to work full time, the Department will work with the employee to set up a payment plan to collect the amount in arrears.

**If employees are eligible to telework, they *may* not be eligible for leave under the Families First Coronavirus Response Act (FFCRA).** Contact the local Human Resources office with questions regarding eligibility.

- My supervisor has confirmed there is no telework option available for me.
- Although telework is available, my reason for leave prevents me from performing work.

I affirm the foregoing is true and correct and understand that any misrepresentations provided for this request will be basis for potential disciplinary action.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020 at \_\_\_\_\_, Washington.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

<b>Human Resources Use:</b> <input type="checkbox"/> Approved for FFCRA	Use leave code(s): _____, _____, _____ on DOC 03-407 Leave Request.
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## **GUIDELINES/PROCESS FOR REQUESTING LEAVE**

**Once confirmation is received of the FFCRA leave approval from the Human Resources Office:**

Employees must submit a **manual** leave request form using [DOC 03-407 Leave Request](#) located on iDOC or the [DOC website](#) using the codes under the “Other” or “Leave without pay” sections of the form. The employee will only use the leave code(s) for FFCRA that were approved on page 5 by Human Resources. **Do not submit FFCRA leave requests using Employee Self Service (ESS).**

Leave requests may be submitted electronically via Outlook to Roster for Custody employees or the employee’s supervisor for Non-Custody employees.

Leave requests will be processed per local facility procedures. Employees will work with local timekeepers or Headquarters Payroll processor if assistance is needed.

## **LEAVE GUIDANCE**

All existing certification requirements under the Family and Medical Leave Act (FMLA) remain in effect for qualifying reasons under the FMLA, with the exception of leave qualifying under EFMLEA.

For example, when taking leave beyond the 2 weeks of EPSLA leave for a COVID-19-related serious health condition, [medical certifications](#) under the FMLA must be provided if required by your employer.

## **LEAVE OPTIONS**

EFMLEA consists of a total of 12 weeks or 480 hours of leave at 2/3 rate of pay with certain maximums described below, with the first 2 weeks unpaid. This is in combination, not in addition to any other FMLA used within the current 12 month period.

During the unpaid portion of EFMLEA, any of the following leave types or a combination must be used:

- Accrued paid leave, such as vacation, sick, compensatory time. Employees will receive their full pay when using accrued leave during the first 2 weeks of EFMLEA.
- EPSLA. Employees will receive 2/3 pay when using EPSLA during the first 2 weeks of EFMLEA.
- Leave Without Pay COVID-19. Employees will not be paid for this time, however, their job and benefits are protected. In addition, anniversary dates, seniority dates, and periodic increment dates will not be adjusted.

Depending on their circumstances, employees may be eligible for Shared Leave COVID-19. Contact the local HR offices with questions about eligibility.

EPSLA is limited up to 80 hours of leave from April 1, 2020 through December 31, 2020. Part-time employee requests will be prorated based on the number of hours per week agreed to work upon hire. On-call employees will be provided EPSLA leave equal to the average number of hours worked over the 6 months period prior to the approval date of this leave.

**Rate of pay information specific to reasons identified on Page 1 of this form:**

For EPSLA leave reasons 1, 2, or 4, (leave code 9370), employees are paid their regular rate of pay up to \$511 per day and a maximum of \$5,100 total.

For EPSLA leave reasons 3, 3a or first two weeks of 5 (leave code 9371), employees are paid at 2/3 of their regular rate of pay up to \$200 per day and a maximum of \$2,000 total.

For EFMLEA reason 5 (leave code 9369), the first 2 weeks are unpaid, then employees will be paid at 2/3 of their regular pay rate for the additional 10 weeks, up to \$200 per day and a maximum of \$10,000 total.

Employee that choose not to use EPSLA during their first 2 weeks of unpaid EPSLA time and use their own accrued leave, are entitled to the full amount of pay, even if that amount is greater than \$200 per day.

All leave taken for reasons 3, 3a, or 5 paid at reduced rate is not be reportable for retirement service credits to the Department of Retirement Services (DRS). Employees are eligible to purchase optional service credits from DRS for any period of time they were paid leave at a reduced rate. All accrued leave used by employees will count toward DRS retirement service credit.

**LEAVE CODE GUIDANCE**

LEAVE CODE	REASON FOR REQUESTED LEAVE	USE OF LEAVE CODE TIPS
9370 - Emergency Paid SLA	1, 2, and 4	Provides full pay
9371 - Emergency Paid SLA Care	3, 3a, and 5	Provides 2/3 of pay up to identified maximums identified below.  May not combine 9371 with own leave for any day in order to achieve higher pay.
9369 - Emergency Paid EFMLEA	5*	Do not use this code during the first 2 weeks of EFMLEA. The first 2 weeks are unpaid and the employee must use LWOP COVID-19, or they may use EPSLA or their own accrued leave.  May not supplement with any other leave on a single day while using 9369 in order to achieve higher pay.
9389 - LWOP COVID-19	5* and anytime while approved for FFCRA	Must be used during the first 2 weeks of EFMLEA if not using another available paid leave type. May be used anytime while approved for FFCRA. Use will not impact dates.

**HUMAN RESOURCES USE ONLY**

Employee name \_\_\_\_\_ Personnel ID number \_\_\_\_\_ Facility/Office \_\_\_\_\_

Denied. Inform employee and the Appointing Authority. Reason: \_\_\_\_\_

Approved for leave reason number:  1  2  3  3a  4  5

Effective date: \_\_\_\_\_ End date: \_\_\_\_\_

**LEAVE REQUESTED**

**EPSLA:** Continuous?  Yes  No Intermittent?  Yes  No  
If intermittent use: How many days per week? \_\_\_\_\_ Number of hours per day? \_\_\_\_\_

**EFMLEA:** Continuous?  Yes  No Intermittent?  Yes  No  
If intermittent use: How many days per week? \_\_\_\_\_ Number of hours per day? \_\_\_\_\_

If EFMLEA approved, how many hours available? \_\_\_\_\_ End of 12-month period: \_\_\_\_\_  
Part time/On-call eligible hours entitlement: \_\_\_\_\_ (Request balance from Payroll Manager)

Inform employee to use leave code(s) (*circle all that apply*):  
9370 (1, 2, & 4), 9371 (3, 3a, &5), 9369 (5 after the first two unpaid weeks), 9389 (during the first two weeks of 5 and while not using paid leave and still within FFCRA approval effective dates).

If the employee will be using LWOP or filing for unemployment, notify the timekeepers via email. Employees must use DOC 03-407 Leave Request. Remind employees not to submit leave through ESS.

Human Resources Representative \_\_\_\_\_ Signature \_\_\_\_\_

Distribution: **ORIGINAL** - Employee Occupational Health Record  
**COPY** - Employee, Appointing Authority  
**COPY** Page 5 only - Headquarters Payroll Help Desk, Roster (for custody employees), Supervisor