

FAMILIES FIRST CORONAVIRUS RESPONSE ACT

CARES Act/American Rescue Plan Act

Today's Date:		Company Name:	
Person Requesting:		Phone:	
Email:		Employee Name:	

EMPLOYEE LEAVE REQUEST FORM

THE UNDERSIGNED EMPLOYER IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED TO STRATEGIC PAYROLL SOLUTIONS, ("SPS"). THE UNDERSIGNED UNDERSTANDS AND AGREES THAT SPS IS RELYING UPON THE INFORMATION PROVIDED BY EMPLOYER PURSUANT TO THIS FORM AND THAT SPS IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF SUCH INFORMATION. NOTHING IN THIS FORM CONSTITUTES LEGAL OR TAX ADVICE FROM SPS TO EMPLOYER OR ANY OTHER PERSON OR ENTITY. EMPLOYER SHOULD CONTACT EMPLOYER'S ATTORNEYS AND/OR TAX ADVISORS WITH QUESTIONS REGARDING THIS FORM.

EMPLOYER HEREBY RELEASES AND HOLDS HARMLESS SPS FROM ANY AND ALL LIABILITY, PENALTIES, FINES, FEES (INCLUDING, WITHOUT LIMITATION, ATTORNEY'S FEES), AND DAMAGES OF ANY NATURE WHATSOEVER RELATING TO, ARISING FROM, OR CONNECTED WITH THE DIRECTIVES OF EMPLOYER SET FORTH IN THIS DOCUMENT. EMPLOYER SHALL INDEMNIFY AND DEFEND SPS AGAINST ANY AND ALL PENALTIES, FINES, FEES (INCLUDING, WITHOUT LIMITATION, ATTORNEY'S FEES), AND DAMAGES OF ANY NATURE WHATSOEVER ARISING FROM, RELATING TO, OR CONNECTED WITH SPS'S COMPLIANCE WITH THE DIRECTIVES OF EMPLOYER SET FORTH IN THIS DOCUMENT.

EMERGENCY PAID SICK LEAVE

All employees of covered employers are voluntarily eligible for two weeks of paid sick time for specified reasons related to COVID-19 Effective 4/1/2021 through 9/30/2021

Reason for Leave	Enter requested start date of leave in box corresponding to reason needed	Definition of Pay Rate
1. Employee is subject to a Federal, State, or Local quarantine order related to COVID-19.		FFCRA paid 100% rate for up to 80 hours (max \$511 per day, capped at \$5,110)* Rate of pay: \$ _____
2. Employee has been advised by a healthcare provider to self-quarantine related to COVID-19.		
3. Employee is experiencing COVID-19 symptoms, vaccine and is seeking a med treat.		
4. Employee is caring for an individual subject to an order described in (1) or (2) above.		FFCRA paid 2/3 rate for up to 80 hours (max \$200 per day, capped at \$2,000)* Rate of pay at 2/3's: \$ _____
5. Employee is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.		
6. Employee is experiencing other substantially similar condition specified by Secretary of Health & Human Services		

EMERGENCY FAMILY MEDICAL LEAVE (EFMLA)

Employees employed for at least 30 days are eligible for up to an additional 10 weeks of paid family leave to care for a child under certain circumstances related to COVID-19.

Reason for Leave	Enter requested start date of leave in box corresponding to reason needed	Definition of Pay Rate
Employee is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.		First 2 weeks (10 days) are unpaid, unless employee requests to use emergency sick leave (paid at 2/3 regular rate of pay) or personal vacation bank. Additional 10 weeks paid 2/3 rate (max \$200 per day, capped at \$10,000)*

FAMILIES FIRST CORONAVIRUS RESPONSE ACT CARES ACT/AMERICAN RESCUE PLAN ACT EMPLOYEE LEAVE REQUEST FORM *(cont'd)*

I, the undersigned, authorize SPS to complete the following requests as it relates to the administration and processing of wages and/or tax adjustments for the above state employee in compliance with the ***Families First COVID-19 Response Act*** for Emergency Paid Sick Leave and/or E-FMLA.

EMPLOYER

(Print Name of Employer)

By: _____
(written)

(printed)

Date: _____