

FFCRA Overview and Q&A Session for RCUH Projects and Employees

*August 7, 2020
10am – 11am*



Research Corporation
of the University of Hawai'i

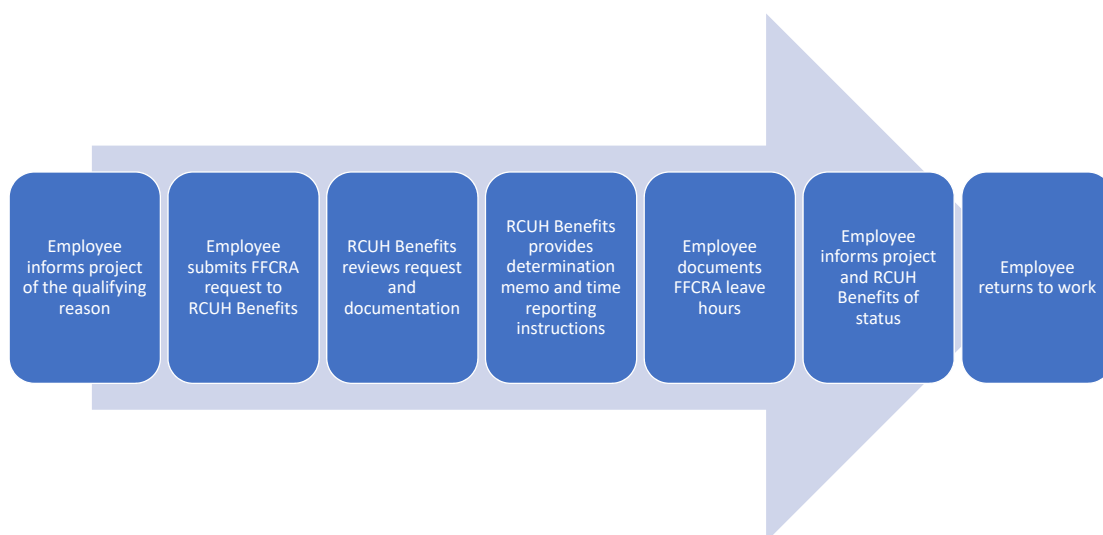
Agenda

1. Families First Coronavirus Response Act (FFCRA)
2. Emergency Paid Sick Leave (EPSL) Overview
3. Expanded Family Medical Leave Overview (EFML)
4. Procedure
 - Forms
 - Determination Letter
 - Reporting Time
5. Question and Answer

Families First Coronavirus Response Act (FFCRA)

- The U.S. Department of Labor announced FFCRA to employees of government agencies such as the RCUH effective April 1st, 2020
- This law enables employers to keep their workers on their payrolls, while at the same time ensuring that workers are not forced to choose between their paychecks and public health measures needed to combat the virus
- FFCRA is valid from April 1st – December 31st, 2020

RCUH FFCRA Process



Families First Coronavirus Response Act (FFCRA)

- Employees are eligible for this benefit only if they are on **active payroll status**
- The EPSL and EFML benefits are charged directly to your Principal Investigator's account
- Paid leave benefits (FFCRA) do not pull from an employee's existing accrued leave balances (e.g. vacation/sick) with the exception of Reason #5 during the waiting period
- Employee's regular benefits will be maintained (e.g. medical, dental, GRA, etc.) except vacation and sick leave accrual

Employee Rights: Paid Sick Leave and Expanded Family and Medical Leave under the FFCRA Poster

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE
UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

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 below, up to \$511 daily and \$5,110 total;
- 75% for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 75% for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

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

ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #6 below.

QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- | | |
|---|---|
| 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; | 5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or |
| 2. has been advised by a health care provider to self-quarantine related to COVID-19; | 6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
| 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis; | |
| 4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | |

ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



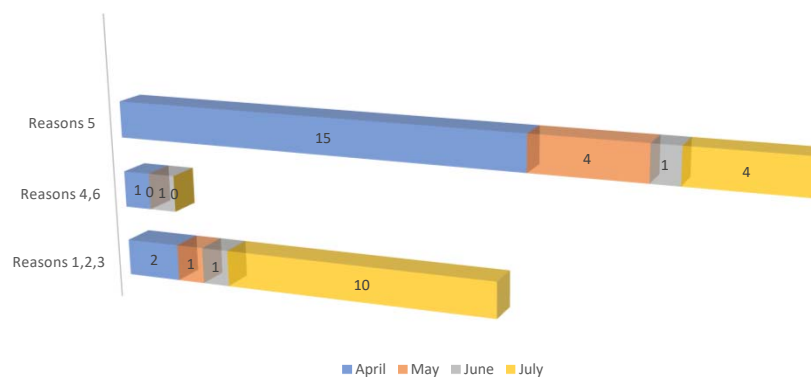
WH4022 REV 10/20

Qualifying Reasons

1. Is subject to Federal, State, or County/Local government quarantine or isolation order related to COVID-19
2. Has been advised by a health care professional to self-quarantine due to concerns related to COVID-19
3. Is experiencing symptoms of COVID-19 and seeking medical diagnosis
4. Is caring for an individual who is subject to an order as described in (1) or (2) above
5. Is caring for the Employee's child (under 18 years old) whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19
6. Is experiencing any 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

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of Requests by Reason submitted from April 1st – July 31st



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Who can apply?

- All employees may apply for the Emergency Paid Sick Leave (EPSL) benefit from their date of hire commencing on or after April 1, 2020
- Employees who wish to apply for the **Expanded Family Medical Leave (EFML)**, must have been employed for at least 30 days on or after April 1, 2020

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Emergency Paid Sick Leave (EPSL) Reasons 1, 2, 3

1. Is subject to Federal, State, or County/Local government quarantine or isolation order related to COVID-19 (e.g. Mandatory 14-day quarantine when arriving/returning to Hawaii)
2. Has been advised by a health care professional to self-quarantine due to concerns related to COVID-19
3. Is experiencing symptoms of COVID-19 and seeking medical diagnosis

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Emergency Paid Sick Leave (EPSL): Reasons 1, 2, 3

- Hours: Entitled to 80 hours of EPSL (based on 100% FTE status)
 - Does not touch employee's own sick/vacation leave
 - EPSL is not calculated toward paid leave accrual calculation
 - Leave must be taken in full day increments
- Pay: Employee will be paid either at their regular pay rate (per hour) or the applicable minimum wage, whichever is higher, up to \$511.00 per day and \$5,110.00 in the aggregate (over a 2-week period)

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Emergency Paid Sick Leave (EPSL): Reasons 1, 2, 3

- Form to complete: **D-48EPSL Form**
- Supporting Documentation
 - Reason #1: Email indicating arrival return date to Hawai'i
 - Reason #2: Doctor's Note indicate dates needed to self-quarantine
 - Reason #3: Doctor's Note indicating dates needed to self-quarantine

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Emergency Paid Sick Leave (EPSL): Reasons 1, 2, 3

RESEARCH CONFIDENTIAL OF THE UNIVERSITY OF HAWAII
CONFIDENTIAL APPLICATION FOR
EMERGENCY FUND PAID RISK LEAVE (EPL)
 (Effective from April 1, 2020 through September 31, 2020 for **20000** Employees)

INSTRUCTIONS: You must complete this application form to determine your qualifications for EMERGENCY FUND PAID RISK LEAVE (EPL). Please print clearly and legibly. If you are not a full-time employee, please indicate your status in the space provided at the top right of this form. If you are not a UH employee, please indicate your status in the space provided at the top right of this form. If you are not a UH employee, please indicate your status in the space provided at the top right of this form.

Employee Name (Last, First): _____ ID No. _____ Date: _____

Contact Information: Phone: _____ Email: _____

Employee Category (check box): ☐ Regular ☐ Seasonal ☐ Temporary ☐ Interim/Intermittent

From Date	To Date	REASON OF EPL
Check the applicable box below		
<input type="checkbox"/> 1.	I am subject to a federal, state or county quarantine or isolation related to COVID-19.	
<input type="checkbox"/> 2.	I have been identified by a healthcare provider to self-quarantine due to concerns related to COVID-19. Name of healthcare provider/supervising physician: _____	
<input type="checkbox"/> 3.	I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. Employee must consent and attach the HCUPR 8-11094 Form.	
<input type="checkbox"/> 4.	I am caring for an individual who is subject to an order as described in 1 or 2 above.	
<input type="checkbox"/> 5.	I am caring for my child whose school or place of care is closed by or for child's care provider is unavailable due to COVID-19 or related reasons. Name of child: _____ Name of school or place of care: _____ Date of closure: _____ Name of child's care provider: _____ Date of closure: _____ Name of School, place of care: _____ Date of closure: _____ Employee Signature/Date: _____	
<input type="checkbox"/> 6.	I am experiencing other substantially similar condition specified by the U.S. Department of Health & Human Services. Attach an explanation of circumstances.	

*Provide name of the governmental entity ordering quarantine or the name of the health care professional assigning self-quarantine, and the patient assigned to quarantine or isolation to help determine if you are the employee, that patients names are listed to the employee.

*If the case is based on recommendation that a person caring for a child provide unavailable, the statement from the employee must include the name of the child, the name of the child's care provider, the date of closure, the name of the child's care provider, and a recommendation that no other person be providing care for the child during the period for which the employee is unavailable. If the employee is required to provide care for the child, the employee must provide the name of the child, the name of the child's care provider, the date of closure, the name of the child's care provider, and a recommendation that no other person be providing care for the child during the period for which the employee is unavailable.

APPROVED/SUBMITTED: _____

Director of Human Resources Date

cc: Employee's Personnel File (to be forwarded to Timesheet or Human Resources)

RU/Hi Form 4-08EPL, (04/01/2020) ver. 04/03/2020

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Emergency Paid Sick Leave (EPSL): Reasons 1, 2, 3

Time Reporting: Employee Time/Leave Certification Form

- Report “CS1” under the special codes leave column of timesheet
- Project HR Personnel – Report “EFL” on the online timesheet
- **SPECIAL LEAVE TIMESHEET:** project must send a copy of Time/Leave Certification Form to rcuh_benefits@rcuh.com on RCUH Payroll Deadline Day for processing

Must be taken in full day increments (8 hours)

Full pay up to \$511/day

[illegible]

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Emergency Paid Sick Leave (EPSL): Reasons 1, 2, 3

Time Reporting: eTimesheet System

- Report "CS1" in the Leaves/Other Codes table
- May take 1-3 business days to see the special leave code available to use
- **SPECIAL LEAVE DEADLINE:** Employee must report and submit and PI must approve by the business day prior to RCUH Payroll Deadline day at noon

Total	Th 07/16	F 07/17	S 07/18	Su 07/19	Week Total	M 07/20	T 07/21	W 07/22	Th 07/23	F 07/24	S 07/25	Su 07/26	Week Total	M 07/27	T 07/28	W 07/29	Th 07/30	F 07/31	Week Total	Total PP Hours
Total	8.00	8.00			40.00	8.00	8.00	8.00	8.00	8.00			40.00	8.00	8.00	8.00	8.00	8.00	40.00	96.00

Work Hours	Th 07/16	F 07/17	S 07/18	Su 07/19	M 07/20	T 07/21	W 07/22	Th 07/23	F 07/24	S 07/25	Su 07/26	M 07/27	T 07/28	W 07/29	Th 07/30	F 07/31	
Work Hours					8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	80.00

Leaves/Other Codes	Th 07/16	F 07/17	S 07/18	Su 07/19	M 07/20	T 07/21	W 07/22	Th 07/23	F 07/24	S 07/25	Su 07/26	M 07/27	T 07/28	W 07/29	Th 07/30	F 07/31	
Vacation Leave (LVA)																	0.00
Sick Leave (L SK)																	0.00
Paid Sick Leave – 1x (CS1)	8.00	8.00															16.00

Must be taken in full day increments (8 hours)

*Full pay (up to \$511 maximum per day)

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Emergency Paid Sick Leave (EPSL): Reasons 1, 2, 3

IMPORTANT: Employees, please coordinate your return to work with your PI/Supervisor

- Return to Work documentation
 - Reason #1: If you have not exhibited any symptoms within the past 14 days, you may contact your PI/supervisor that you are able to return to work
 - Reason #2: Submit a Doctor's note indicating your are cleared to return to work and or a COVID-19 negative test reading result
 - Reason #3: Submit a Doctor's note indicating your are cleared to return to work and or a COVID-19 negative test reading result

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Emergency Paid Sick Leave (EPSL) Reasons 4 & 6

4. Is caring for an individual who is subject to an order as described in (1) or (2) above
 6. Is experiencing any 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
- Hours: Entitled to 80 hours of EPSL (based on 100% FTE status)
 - Does not touch employee's own sick/vacation leave Leave is not calculated toward paid leave accrual calculation
 - Pay: Employee will be paid either at 2/3 their regular pay rate (per hour) or 2/3 the applicable minimum wage, which is higher, up to \$200.00 per day and \$2,000.00 in aggregate (over a 2-week period).
 - Time Reporting: "CS2" on your timesheet/eTimesheet

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Emergency Paid Sick Leave (EPSL) & Expanded Family Medical Leave (EFML): Reason 5

5. Is caring for the Employee's child (under 18 years old) whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19

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Emergency Paid Sick Leave (EPSL): Reason 5

Available to ALL employees

- Hours:
 - Waiting Period**
 - Entitled to 2 weeks (80 hours) of EPSL (based on 100% FTE status)
 - 2 Options
 - Employee uses own vacation leave (full pay)
 - Employee does not use vacation leave but hours are paid at 2/3 pay
 - Does not touch employee's own sick/vacation leave
 - Not part of sick/vacation accrual calculation
- Pay: Employee will be paid either at 2/3 their regular pay rate (per hour) or 2/3 the applicable minimum wage, which is higher, up to \$200.00 per day and \$12,000.00 in aggregate (over a 12-week period)

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Expanded Family Medical Leave (EFML): Reason 5

12 WEEK ENTITLEMENT (480 HOURS)

- Eligibility: Employee must have completed at least 30 days of employment on or after April 1, 2020
- Hours:
 - Waiting Period 2 weeks (80 hours of EPSL) – Vacation or 2/3 pay**
 - PLUS 10 weeks (400 hours of EFML) – 2/3 pay**
- Valid: April 1, 2020 – December 31, 2020

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Emergency Paid Sick Leave (EPSL) & Expanded Family Medical Leave (EFML): Reason 5

RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII
CONFIDENTIAL APPLICATION FOR
EMERGENCY PAID SICK LEAVE (EPSL)
(Effective from April 1, 2020 through December 31, 2020 for Working Employees)

INSTRUCTIONS: You must complete this application form to determine your qualification for EMERGENCY PAID SICK LEAVE (EPSL). If approved, this form must be submitted as an attachment to your timesheet or submitted with your timesheet for the pay period(s) in which the leave was taken to the Human Resources Department. Email the document to hr@rcuhawaii.org.

Employee Name (Last, First): _____ ID No. _____ Date: _____

Contact Information Phone: _____ Email: _____

Employee Category (check box): ☐ Regular ☐ Student ☐ Temporary ☐ Interim

From Date	To Date	REASON OF EPSL
Check the applicable box below		

☐ *1. I am subject to a federal, state or county quarantine or isolation order related to COVID-19.

☐ *2. I have been instructed by a healthcare provider to self-quarantine due to concerns related to COVID-19. **Name of healthcare provider/supporting document:** _____

☐ *3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. **Employee must complete and attach the RCUH B-11EFML Form.**

☐ *4. I am caring for an individual who is subject to an order as described in 1 or 2 above.

☐ *5. I am caring for my child whose school or place of care is closed (or my child's care provider is unavailable) due to COVID-19 or related reasons.

Name of Child who is a legal dependent: _____
Date of Birth: _____
Name of School, place of care provider: _____
Employee signature certifying there is no other suitable person to care for the child: _____
Employee Signature/Date: _____

☐ 6. I am experiencing other substantially similar condition specified by the U. S. Department of Health & Human Services. Attach an explanation of circumstances.

*Provide name of the governmental entity issuing quarantine or the name of the health care professional advising self-quarantine, and, if the person subject to quarantine or advised to self-quarantine is not the employee, that person's name and relation to the employee.

*In the case of a leave request based on a school closing or child care provider unavailability, the statement from the employee should include the name and age of the child or children to be cared for, the name of the school that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the employee is requesting family medical leave and, with respect to the employee's ability to work or network because of a need to provide care for a child over the employee during night hours, a statement that special circumstances exist requiring the employee to provide care.

APPROVED/DISAPPROVED: _____

Director of Human Resources _____ Date: _____

cc: Employee & Personnel File (to be attached to a Timesheet or Hardcopy timesheet)

RCUH Form D-48EPSL (04/01/2020, rev. 04/02/2020)

RCUH Expanded Family Medical Leave Request Form
(Form B-11EFML)
(FFCRA Leave - Care for Self or Family Member)
(Effective from April 1, 2020 through December 31, 2020 for Working Employees)

INSTRUCTIONS: Please complete this form and submit with the RCUH Form D-48EPSL and supporting documents (if applicable) via email to hr@rcuhawaii.org or by fax (808) 956-8022 (RCUH Employee Benefits fax number). **NOTE: If approved your Expanded Family Medical Leave will commence with your 12 weeks PTO & unpaid employment of absence.**

Section I: Employee/Project Contact Information: Please fill out all blanks requested below:

Employee Name: _____ RCUH Employee ID#: _____
Daytime Phone #: _____ Email: _____
Cell Phone #: _____ Email: _____
Time Keeper Name: _____ Email: _____

Section II: Leave Request Information: The **Expanded Family Medical Leave** benefit is only available between April 1, 2020 through December 31, 2020.

A. Please select if leave is: ☐ Continuous ☐ Interim (Requires P1 Approval)

B. Start Date of Leave: _____ Expected Return to Work Date: _____

C. Please select the applicable box(es) below indicating the reason for your Family Leave request:

☐ 1. Own Serious Health Condition (or Quarantine or Isolation Order) (Check Box(es) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 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808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000, 1001, 1002, 1003, 1004, 1005, 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Emergency Paid Sick Leave (EPSL) & Expanded Family Medical Leave (EFML): Reason 5

Time Reporting: eTimesheet System

- Report "CF1", "CFV", "CFW", "CF2" in the Leaves/Other Codes table
- May take 1-3 business days to see the special leave code available to use
- **SPECIAL LEAVE DEADLINE:** Employee must report and submit and PI must approve by the business day prior to RCUH Payroll Deadline day at noon

Leaves/Other Codes	M 06/01	T 06/02	W 06/03	Th 06/04	F 06/05	S 06/06	Su 06/07
Holiday (HOL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vacation Leave (LVA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sick Leave (LSK)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paid FL – 10 Weeks 2/3x (CF2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paid Sick Leave – 2/3x WP (CF1)	8.00	<input type="text"/>	8.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be taken in full day increments (8 hours)

2/3 pay up to \$200/day, \$12,000 aggregate

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Taking EPSL and or EFML Intermittently

- Leave must be taken in full day increments (no less than 8 hours a day)
- Closely coordinate with your supervisor/PI with your work schedule if you are teleworking and taking EPSL/EFML
- Cannot work AND take leave at the same time

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Things to consider

- EPSL/EFML will not extend the 12-week period of FMLA leave in the calendar year 2020
 - E.g. If the employee is on Family Leave – Care for Family Member and have taken 100 hours of Family Leave, if applying for EPSL/EFML, employee has 380 hours of EPSL/EFML for the remaining of the 2020 calendar year
- EPSL – Happen to encounter multiple qualifying reasons throughout the calendar year → 1 time 80 hour entitlement
- Any unused EPSL under the FFCRA will not carry-over beyond December 31, 2020, nor will an employee be entitled to any pay-out for any unused EPSL and EFML upon the employee's termination, resignation, retirement, or other separation of service

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Employees who are temporary/student hires or have a variable work schedule applying for EPSL

- Hours: Determine the average work day hours with a 6 month lookback (Number of hours your employee was scheduled to work per workday divided by the number of workdays)
- Pay: Based on the fixed hourly wage or salary equivalent

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Take aways from today's session

EMPLOYEE RESPONSIBILITIES

1. Communicate closely with your project and RCUH HR with any updates to your EPSL/EFML leave
2. Follow your project's internal deadlines and procedures, properly report leave hours taken
3. Do not take EPSL/EFML and work at same time
4. Stay safe and healthy!

PROJECT RESPONSIBILITIES

1. Update RCUH HR with any updates to an employee's EPSL/EFML leave

RCUH RESPONSIBILITIES

1. Review and Approve FFCRA Benefit requests
2. Provide determination letter, including time reporting instructions
3. Review and approve leave hours reported

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If you need any assistance.....RCUH Benefits

For submissions, questions, or concerns, please reach out to
rcuh_benefits@rcuh.com

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Q & A Session