



# COVID-19 EMERGENCY PAID LEAVE FORM

DOE OTM 300-030

Last Revised: 07/23/2020

Former DOE Form: N/A

DEPARTMENT OF EDUCATION  
Office of Talent Management (OTM)  
Employee Records and Transactions Section  
P.O. Box 2360 Honolulu, HI 96804

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

School/Office: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

### INSTRUCTIONS:

#### Application Process

Step 1: Read the eligibility requirements, coverage and payment.

Step 2: If eligible, please check the appropriate box and fill out Application for Leave of Absence (G-1) form or DOE OTM 300-001 - *Application ofr Leave of Absence Certificated School-Level Employees.*

Step 3: Sign the form acknowledging your understanding and agreement with the leave conditions and submit this form to OTM-Employee Records and Transactions Section with the required documents.

### STEP 1: ELIGIBILITY REQUIREMENTS, COVERAGE AND PAYMENT

#### A. Emergency Family and Medical Leave Expansion Act (EFMLEA).

Any employee who has been employed for at least 30 days can take EFMLEA leave if "the employee is unable to work (or telework) due to a need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency."

The EFMLEA allows covered employees to use up to 12 weeks of Family Medical Leave Act ("FMLA") leave. The first 10 days of EFMLEA leave may be unpaid. However, EFMLEA gives employees the choice to use "any accrued vaction leave, personal leave, or medical or sick leave" during the initial 10-day period. After the 10-day period has passed, employers must provide paid leave in an amount not less than two-thirds of an employee's regular rate. (Note: Employees who would like to supplement the one-third balance with vacation leave, sick leave, or compensatory time may do so by filling out a G-1 request form or DOE OTM 300-001 form.)

#### B. Emergency Paid Sick Leave Act (EPSLA).

Any employee who is unable to work (or telework) due to a need for leave because:

1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care professional to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to an order as described in line 1 or 2 above.
5. The employee is caring for the son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.
6. The employee 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.

Full-time employees receive 80 hours of paid sick leave. Part-time employees are entitled to leave based upon the average number of hours the part-time employee works over a two-week period. The amount an employee must be paid depends on the reason they are taking leave:

- For reasons 1 - 3 above: Total paid leave at the employee's regular rate of pay.
- For reasons 4 - 6 above: Total paid leave at two-thirds of an employee's regular rate. (Note: Employees who would like to supplement the one-third balance with vacation leave, sick leave, or compensatory time may do so by filling out a G-1 request form or DOE OTM 300-001 form.)

**STEP 2: If eligible, please check the appropriate box.** **Emergency Family and Medical Leave Expansion Act (EFMLEA)**

Name of School or Child-Care Provider: \_\_\_\_\_

Name of Child: \_\_\_\_\_  I confirm there is no other suitable person to care for my child

Date(s) of Leave: \_\_\_\_\_

I understand that EFMLEA will not cover my regular rate and elect ONE of the following: **(You are entitled to a maximum of \$200 per day or \$10,000 for the 10 weeks of EFMLEA leave).**

- EFMLEA = 2/3 of salary.
- EFMLEA + 1/3 of sick leave.
- EFMLEA + 1/3 of vacation leave.
- EFMLEA + 1/3 of compensatory time leave.

**(Note: For EFMLEA please submit a form G-1 or DOE OTM 300-001, use "EFMLEA - 66.7" for Type of Leave, and "88" for Leave Code. If electing the 1/3 of sick, vacation, or comp time leave please submit a second form G-1 or DOE OTM 300-001 using appropriate Leave Codes.)**

 **Emergency Paid Sick Leave Act (EPSLA)** (PLEASE CHECK ONE BOX) Reasons 1 - 3: Specify Reason: \_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_

I understand that EPSLA will cover my full regular rate of pay salary. **(You are entitled to a maximum of \$511 per day, or \$5,110 total over the entire 2 week period of EPSLA leave).**

**(Note: For EPSLA please submit a form G-1 or DOE OTM 300-001, use "EPSLA - 100" for Type of Leave, and "85" for Leave Code.)**

 Reasons 4 - 6: Specify Reason: \_\_\_\_\_

Name of School or Child-Care Provider: \_\_\_\_\_

Name of Child: \_\_\_\_\_  I confirm there is no other suitable person to care for my child

Date(s) of Leave: \_\_\_\_\_

I understand that EPSLA will not cover my full salary and elect ONE of the following: **(You are entitled to a maximum of \$200 per day, or \$2,000 over the entire 2 week period of EPSLA leave).**

- EPSLA = 2/3 of salary.
- EPSLA + 1/3 of sick leave.
- EPSLA + 1/3 of vacation leave.
- EPSLA + 1/3 of compensatory time leave.

**(Note: For EPSLA please submit a form G-1 or DOE OTM 300-001, use "EPSLA - 66.7" for Type of Leave, and "86" for Leave Code. If electing the 1/3 of sick, vacation, or comp time leave please submit a second form G-1 or DOE OTM 300-001 using appropriate Leave Codes.)**

**STEP 3: I certify that I have read and agree to the above and that the above request is true and accurate. In addition, I understand my request may be subject to verification by OTM.**

I understand that failure to return to work at the end of the leave period will be treated as any other failure to return to duty at the expiration of the leave.

\_\_\_\_\_  
Employee's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Principal/Administrator's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
OTM Designee Signature\_\_\_\_\_  
Date