

# University System of New Hampshire FFCRA Leave Request

The Families First Coronavirus Response Act (FFCRA) provides eligible employees of University System of New Hampshire, who are actively at work, with paid sick leave and/or expanded family and medical leave for specified and qualifying reasons related to COVID-19. These provisions will apply from 4/1/2020 through 12/31/2020.

Employee Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Campus \_\_\_\_\_

## STEP 1: Review your situation and request with your supervisor

If you and your supervisor agree that you will work your normal number of hours, but outside of your normally scheduled hours (for instance early in the morning or late at night), then you are able to work and leave is not necessary unless a COVID-19 qualifying reason prevents you from working that schedule. Confirmation from supervisor of impact to work schedule, including intermittent leave, is required before leave can be requested and must be provided to Human Resources along with this request for leave.

- I acknowledge I have read the USNH Coronavirus (COVID-19) Benefits and Employment Frequently Asked Questions. I understand campus HR office will work directly with me on available benefits.

## STEP 2: Complete information below

Employment Status:  USNH Benefits Eligible  Adjunct  Student Employee

First Day Absent Related to Reason Below \_\_\_\_\_

### A. PLEASE CHECK REASON FOR PAID SICK LEAVE UNDER FFCRA

- Reason #1 - I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- Reason #2 - I have been advised by a health care provider to self-quarantine related to COVID-19.
- Reason #3 - I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.
- Reason #4 - I am caring for an individual subject to an order described in reason 1 or 2 (as listed above).
- Reason #6 - I am experiencing other substantially similar condition specified by the U.S. DHHS

#### REQUIRED DOCUMENTATION (to be provided to MetLife)

- Copy of the Federal, State or local quarantine or isolation order related to COVID-19 applicable to you.
- Written documentation by health care provider advising self-quarantine due to concerns related to COVID-19.

OR

### B. FOR EXPANDED FMLA LEAVE DUE TO LACK OF CHILDCARE DUE TO COVID-19

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

#### REQUIRED DOCUMENTATION (to be provided to MetLife)

- Copy of notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or provider.

## STEP 3: Contact MetLife to initiate a claim 888-608-6665

- Supporting documentation listed above must be provided to MetLife, upon approval of claim by MetLife, your Campus Human Resources will process applicable pay
- Yes, I am interested in supplementing my approved FFCRA leave with accrued USNH Benefits. By checking this box, I understand my campus HR office will work directly with me on available benefits.

## STEP 4: Return completed request to your campus Human Resources Contact along with supervisor approval

If an absence reason does not fall into the above 6 reasons, the employee may be eligible for benefits provided under the CARES (Coronavirus Aid, Relief, and Economic Security Act).