



Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Absence Type: Emergency Paid Sick Leave

**Families First Coronavirus Response Act: Emergency Paid Sick Leave**

The new law entitles any current employee regardless of their length of service, to emergency paid sick leave if the employee is in connection with COVID-19:

- (1) Subject to a federal, state, or local quarantine or isolation order (See below CDC definition);
- (2) Advised by a health care provider to self-quarantine;
- (3) Experiencing symptoms and seeking a medical diagnosis;
- (4) Caring for an individual who is subject to (1) or (2);
- (5) Caring for a son or daughter whose school or childcare provider is closed or unavailable; or
- (6) Experiencing any similar condition specified by the U.S. Department of Health and Human Services.

As defined by the Centers for Disease Control and Prevention (CDC), isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

- Isolation separates sick people with a contagious disease from people who are not sick.
- Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Please note that a local shelter-in-place ordinance is not considered either isolation or a quarantine.

Full-time employees who meet at least one of these criteria may take up to 80 hours of paid leave. Affected part-time employees may take paid leave for up to their average number of hours worked over a two-week period.

**Please note that this could impact your pay due to the caps outlined in the Families First Coronavirus Response Act (FFCRA).**

I am requesting Emergency Paid Sick Leave from \_\_\_\_\_ until \_\_\_\_\_ *(not to exceed 80 hours).*

Reason for requesting Emergency Paid Sick Leave:

**Please see instructions on page 2**

**Complete this form and do one of the following:**

- Save the completed form to your computer.
- Please send the form to Human Resources using one of the following:
  - Email the request form as an attachment to [pbroadwell@ccga.edu](mailto:pbroadwell@ccga.edu)
  - Print the completed request form and mail the request form to:

Phyllis Broadwell  
College of Coastal Georgia  
One College Drive  
Brunswick, GA 31520  
OR Fax the request form to (912)280.7780
- If you need assistance with this process, email [kfrancis@ccga.edu](mailto:kfrancis@ccga.edu) or [kbennett@ccga.edu](mailto:kbennett@ccga.edu)
- College of Coastal Georgia Human Resources will confirm with the employee and department when the request has been approved and processed within OneUSG Connect.