

April 9, 2020
DP040901.NS7

MEMORANDUM

TO: All RCUH Employees

FROM: Nelson Sakamoto 
Director of Human Resources

SUBJECT: (1) Families First Coronavirus Response Act (FFCRA)
(2) Emergency Paid Sick Leave (EPSL)
(3) Expanded Family Medical Leave (EFML)

Families First Coronavirus Response Act (FFCRA): Effective April 1, 2020 the Families First Coronavirus Response Act (FFCRA) administered through the U. S. Department of Labor provided additional benefits to employees of government agencies such as the Research Corporation of the University of Hawai'i (RCUH). These limited term benefits are applicable to employees on active payroll status between April 1, 2020 through December 31, 2020. Active payroll status means you are still working or teleworking between April 1 through December 31, 2020. The FFCRA provides for an Emergency Paid Sick Leave (EPSL) and an Expanded Family Medical Leave (EFML) to employees who meet the eligibility requirements (described below). Your Principal Investigator was provided information on the FFCRA and these additional benefits. These paid sick leave benefits are charged directly to your Principal Investigator's project account. The following are the "qualifying reasons" for both EPSL and EFML:

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) if the school or place of care of the Employee's child has been closed, or the child care provider of the Employee's child is unavailable, due to COVID-19 precautions.
 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.
- I. **Emergency Paid Sick Leave (EPSL) for Qualifying Reasons 1, 2, 3, 4, 5 and 6:** All employees may apply for the EPSL benefit, from their date of hire commencing on or after April 1, 2020. EPSL provides up to 80.0 hours (the 80 hours is based on a 100% FTE or prorated amount of hours based on the employee's FTE status) of Paid Sick Leave (see Pay Rates for EPSL and EFML below) applicable to all employees from April 1, 2020 through December 31, 2020. Employees are eligible for the EPSL benefit immediately upon hire based one of these qualifying reasons. Application for EPSL benefit RCUH Form D-48EPSL: If you meet any of the qualifying reasons (1 through 6 above), please submit your completed RCUH Emergency Paid Sick (EPSL) form (Attachment No. 1) to the RCUH Human Resources Department's Employee Benefits Office scan/email (rcuh_benefits@rcuh.com) or fax (808) 956-5022.
- II. **Emergency Paid Sick Leave (EPSL) and Expanded Family Medical Leave (EFML) for Qualifying Reason No. 5 (EFML Only for Employees who have completed 30 of days of employment)** : An employee who has completed at least 30 days of employment (on or after April 1,

2020) may apply for the EPSL/EFML benefit. The EFML benefit provides for twelve (12) weeks of leave (or 480 hours based on a 100% FTE or prorated amount of hours based on the employee's FTE status). The first 2 of the 12-week EFML is an unpaid waiting period, or the employee may opt to use either the EPSL or his/her available accrued vacation leave. See Section III c - Pay Rates for EPSL and EFML below for details. EFML benefit is available from April 1, 2020 through December 31, 2020.

Application for EPSL/EFML benefit requires both RCUH Form D-48EPSL and Form B-11EFML: If qualifying reason No. 5 applies to your situation, please submit both your completed RCUH Emergency Paid Sick (EPSL) form (Attachment No. 1) and your completed RCUH Expanded Family Medical Leave Request Form (Attachment No. 2) to the RCUH Human Resources Department's Employee Benefits Office scan/email (rcuh_benefits@rcuh.com) or fax (808) 956-5022.

- III. **Pay Rates for EPSL and EFML:** Please refer to the "Qualifying Reasons 1 through 6" on Page 1.
- a. *Applicable Pay Rates for Qualifying Reasons 1, 2, or 3: Employee will be paid at either 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).
 - b. **Applicable Pay Rate for Qualifying Reasons 4 or 6: Employee will be paid 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).
 - c. ***Applicable Pay Rate for Qualifying Reason 5: Employee will be paid 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 the 12-week EFML period. The first 2 of the 12-week EFML is an unpaid waiting period. The employee may opt to use either the EPSL or his/her available accrued vacation leave followed by, up to 10-weeks of paid expanded family and medical leave based on 2/3 of your regular pay rate up to \$200 per day. The 12-week maximum entitlement period and \$12,000 aggregate applies regardless of how the employee elects to be paid in the first 2-week period).
 - d. Employees on a variable work schedule (e.g., working variable hours per week) will have their prorated hours per week calculated as the average work hours per week during a 6-month look back period ending on the date the employee commences either his/her EPSL and/or EFML benefit.
 - e. All EPSL and/or EFML leaves must be taken in full-day increments.
 - f. EPSL/EFML leave will not extend the 12-week period of FMLA leave in calendar year 2020. The EFML runs concurrently with the Employee's FMLA benefit. In other words, the Employee is entitled to only one (1) Family Medical Leave (FMLA) 12-week entitlement in calendar year 2020.
 - g. Any unused ESPL under the FFCRA will not carry-over beyond December 31, 2020, nor will an Employee be entitled any pay-out for any unused ESPL or EFML upon the Employee's termination, resignation, retirement, or other separation of service.

For your reference we are providing you a Families First Coronavirus Response Act poster (Attachment No. 3). Questions: Please contact me at nsakamoto@rcuh.com or email our Employee Benefits Section at rcuh_benefits@rcuh.com.

Attachment No. 1

RCUH Form D-48ESPL

Confidential Application for
Emergency Paid Sick Leave (EPSL)

**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 uploaded as an attachment to your eTimesheet or submitted with your hardcopy timesheet for the pay period(s) in which the leave was taken to the RCUH Human Resources Department. Email this document to RCUH_Benefits@rcuh.com

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

Contact Information Phone: _____ Email: _____

Employee Category: (check box): Regular Student Temporary Intermittent

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 during the period of EPSL and/or EFML	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 ordering 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 receiving family medical leave and, with respect to the employee's inability to work or telework because of a need to provide care for a child older than eighteen during daylight 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 eTimesheet or Hardcopy timesheet)

Attachment No. 2

RCUH Form B-11EFML

RCUH Expanded Family Medical Leave
Request Form

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 encrypted email or by fax (808) 956-5022 (RCUH Employee Benefits fax number). **NOTE:** If approved your Expanded Family Medical Leave runs concurrently with your 12-week FMLA benefit entitlement (if applicable).

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

Employee Name:	RCUH Employee ID#:
Daytime Phone #:	Email:
PI Name:	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 Intermittent (Requires PI 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** (Attach RCUH Form D-48EPSL. May be required to complete a WH-380E form.)
- 2. **Serious Health Condition of a Family Member:** For My Child, Spouse/Reciprocal Beneficiary/Civil Union Partner, Sibling or Parent (includes parents-in-law, grandparents, and grandparents-in-law). **Attach RCUH Form D-48EPSL. May be required to complete a WH-380F form.**
- 3. **Caring for child:** Child's school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons. **Attach RCUH Form D-48EPSL.**
- 4. **Other Circumstance:** Experiencing any other substantially-similar condition specified by the U. S. Dept. of Health & Human Services.
Specify: _____

Section III: Employee Certification: I certify that the information provided on this document and other related document is accurate. I acknowledge any falsification of information could result in my termination of employment.

A. Print Name & Signature: _____ Date: _____

Section IV: Principal Investigator Acknowledgement/Approval: I acknowledge this is consider a protected leave. (Check box if you approve the employee taking intermittent leave as noted above)

A. PI/Supervisor's Print Name & Signature: _____ Date: _____

Please return this form via email to RCUH Benefits at rcuh_benefits@rcuh.com or via fax at (808) 956-5022 at least ten (10) working days before the requested start date of leave or as soon as possible (if leave is not foreseeable). RCUH Benefits will provide you a determination of your eligibility within five (5) business days of receipt of your EFML Form.

Attachment No. 3

EMPLOYEE RIGHTS

Paid Sick leave and Expanded Family and Medical Leave
Under the Families First Coronavirus Response Act

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;
- ⅔ 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 ⅔ 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 #5 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:

- | | |
|---|---|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;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); | <ol style="list-style-type: none">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; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
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▶ 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



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