



**MIAMI-DADE COUNTY  
HUMAN RESOURCES DEPARTMENT  
REQUEST FOR COVID-19 LEAVE**

**SECTION I: EMPLOYEE INFORMATION**

Last Name	First Name	MI	Employee ID Number
Job Title		Supervisor	
Department		Division	
Phone Number	Work Phone Number	Email:	

**SECTION II: REASON FOR LEAVE**

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act (FFCRA) please complete this form and submit it to your Department Personnel Representative as soon as possible. You may take up to 80 hours of paid sick leave (Time Reporting Code (TRC) VS/VF) for any combination of qualifying reasons 1, 2, 3, 4 and 6.

1. Employee is subject to a federal, state or local quarantine or isolation order. (TRC VS – regular rate of pay to a maximum of \$511 per day) **Name of Entity that gave Isolation Order:**
2. Employee has been advised by a health care provider to self-quarantine. (TRC VS – regular rate of pay to a maximum of \$511 per day) **Name of healthcare provider:**
3. Employee is experiencing symptoms associated with COVID-19 and is seeking a medical diagnosis. (TRC VS – regular rate of pay to a maximum of \$511 per day) **Name of healthcare provider:**
4. Employee is caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19 or is caring for an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (TRC VF – 2/3 of regular rate of pay to a maximum of \$200 per day)\*\*

**Name of Individual, Relationship to Employee:**

5. Employee is caring for a child whose primary or secondary school or place of care has been closed, or the childcare provider is unavailable due to COVID-19 related reasons. Employee is unable to work from home or no other suitable care is available for children. Leave may be used intermittently. (TRC VC – 2/3 of regular rate of pay to a maximum of \$200 per day)\*\*  
If you are taking expanded family and medical leave (VC), you may take paid sick leave (VF, maximum \$200 per day) for the first two weeks of that leave period, or you may substitute any annual, holiday or comp time at your regular rate of pay.

"Emergency responders" and "essential" employees identified by the Department Director and in accordance with DOL guidelines are exempt for the new FMLA provisions covered under the FFCRA.

To be eligible for expanded family and medical leave (VC), you must be employed by Miami-Dade County for 30 days and unable to work from home. You may take a total of 12 workweeks (480 hours) for FMLA or expanded family and medical leave reasons during a 12-month period. If you have taken some, but not all, 12 workweeks of leave under FMLA during the current 12-month period beginning January 1, 2020, you may take the remaining portion of leave available. If you have already taken 12 workweeks of FMLA leave since January 1st, 2020, you may not take additional expanded family and medical leave.

**Hours of FMLA taken between January 1, 2020 and March 31, 2020 as displayed on PERM:**

**Name of child(ren), age of child(ren), and name of school or daycare facility:**

6. Employee is experiencing any other substantially-similar condition specified by the US Department of Health and Human Services. (TRC VF – 2/3 of regular rate of pay to a maximum of \$200 per day)\*\*

\*\*Employees shall be eligible to use any accrued leave in order to receive compensation up to 100 percent of base pay. If applicable, please state the type of leave you would like to use to cover the remaining 1/3 not paid under this benefit. (TRC VC/VF)

Anticipated Start Date of Leave		Anticipated End Date of Leave	
	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Employee</b>			
<b>Employee Supervisor</b>			
<b>Department Director or Designee</b>			

**Please send completed form to your Departmental Personnel Representative.**

HR/PIM/MC/V2/04162020