



State of Connecticut Human Resources
Notice of Eligibility and Rights and Responsibilities
 regarding Employee Request for
Families First Coronavirus Response Act (FFCRA or Act)
Emergency Paid Sick Leave and/or Emergency Family and Medical Leave
Effective April 1, 2020 through December 31, 2020

(To be completed by the Human Resources Office)

Form #: **FFRCA-HR2a**
 Revision Date: 4/3/2020

This form will:

- Notify you if you meet the eligibility criteria for the Emergency Paid Sick Leave Act (EPSLA) and/or the Emergency Family and Medical Leave Expansion Act (EFMLEA);
- Notify you of the information you need to provide to Human Resources to support your request for leave;
- Advise you of the rights and responsibilities you will have if you are approved to take leave.

This form does not constitute an approval of your leave request.

After Human Resources receives the information from you as specified below, you will receive a designation notice, telling you if:

- Your leave has been approved, and if so, whether it counts toward the federal family/medical leave and how any accrued paid leave will be used; or
- Your leave has been denied; or
- You need to provide additional information.

This form provides employees with the information regarding their eligibility for federal EPSLA and/or EFMLEA leave and their rights and responsibilities for taking federal EPSLA and/or EFMLEA.

PART A: NOTICE OF ELIGIBILITY

TO: _____ (Employee Name) _____ (Agency)

FROM: _____ (Agency Human Resources Representative) _____ (Telephone Number)

DATE: _____

On _____, you notified us of your need to take federal EPSLA and/or EFMLEA leave

Requested Dates of Leave: From _____ To _____

Reason for Leave:

- 1. You are under a Federal, State, or local quarantine or isolation order related to COVID-19;
- 2. You have been advised by a health care provider to self-quarantine related to COVID-19;
- 3. You are experiencing COVID-19 symptoms and are seeking a medical diagnosis;
- 4. You are caring for an individual subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or the individual has been advised by a health care provider to self-quarantine related to COVID-19;
- 5. You are caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
- 6. You are experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Federal EPSLA:

You are eligible for federal EPSLA leave (*See Part B and C*)

You are **not** eligible for federal EPSLA leave because:

Your position as a _____ in the _____ exempts you from coverage under the Act.

Other:

If you have any questions, contact _____ or view the poster at your worksite or at the following website link: https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf .

Federal EFMLEA:

To be eligible, an employee must have worked for the employer for at least 30 calendar days.

You are eligible for federal EFMLEA Leave (*See Part B and C*)

You are **not** eligible for federal EFMLA leave because:
(only one reason need be checked, although you may not be eligible for other reasons)

You have not met the federal EFMLEA 30-day length of service requirement. (As of the first date of requested leave, you will have worked approximately _____ days towards this requirement.)

Your position as a _____ in the _____ exempts you from coverage under the Act.

Other:

If you have any questions, contact _____ or view the poster at your worksite or at the following website link: https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf .

PART B: DOCUMENTATION NEEDED TO ASSESS YOUR LEAVE REQUEST

As indicated above, you meet the **eligibility requirements** for one or more of the leave entitlements described above. For us to determine whether **the reason for your leave qualifies** under the federal EPSLA and/or EFMLEA leave entitlements available to employees of the State of Connecticut, the agency Human Resources Office needs additional information.

You must return the following documentation to Human Resources by _____ (date).

(Check all that apply)

_____ Form FFCRA – HR-1– Employee Request. Complete fully and return.

_____ Form P33a – Employee or other sufficient medical documentation to substantiate the employee’s own illness related to COVID-19.

_____ Form P33b – Caregiver or other sufficient medical documentation to substantiate that the employee is needed to care for a spouse, child, or parent with an illness related to COVID-19.

_____ Documentation to establish the required relationship between you and the individual you are caring for.

_____ Other: _____

_____ No additional certification documentation is requested.

If sufficient documentation is NOT provided in a timely manner, your leave may be denied.

PART C – RIGHTS AND RESPONSIBILITIES FOR TAKING EPSLA AND/OR EFMLEA LEAVE

If your leave does qualify as federal EPSLA and/or EFMLEA leave, you will have the following responsibilities while on leave:

Benefits:

- During your paid and/or unpaid leave, there will be no change in your existing benefits.
- The State will continue to pay the same portion of your individual and dependents’ health coverage as it did prior to the leave.
- While on unpaid leave, or if your paid leave is not sufficient to cover the cost, you will be billed directly by for your portion of the cost.
- Federal FMLA provides employees on FMLA (and EFMLEA) leave a minimum 30-day grace period in which to make premium payments.
- If payment is not made timely, federal law allows the state to cancel group health insurance, provided it notifies you in writing at least 15 days before the date that your health coverage will lapse,
- Under federal law, the State has the option of paying your share of the premiums during federal FMLA leave, and recovering these payments from you upon your return to work.
 - **(check one)** The State _____will/ will not pay **your share** of health insurance premiums while you are on leave.

- If you have state-sponsored group life insurance and are on unpaid leave or if your paid leave is not sufficient to cover the cost, you will be billed at the same rate you were paying prior to the leave.
- If you are having other deductions taken from your paycheck (e.g., disability insurance, BSL life insurance, credit union, loans, deferred compensation) you should contact the vendor directly to discuss payment options.

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.

Service Credit:

Unless otherwise specified in your labor contract, leaves of absence without pay are deducted from service credit for longevity purposes.

- You should consult your contract's seniority article for information on whether the time spent on unpaid leave is creditable toward general or layoff seniority.
- You should also consult your pension plan regarding time spent on unpaid leave.

Key Employee:

Federal FMLA defines "key employee" as a salaried, FMLA-eligible employee who is among the highest paid 10 % of all the employees working for the employer within 75 miles of the employee's worksite.

- Under federal FMLA, the employer may deny individuals designated as a "key employee" reinstatement to their positions following their FMLA leave.
- The State of Connecticut does not designate any employees as "key employees" under federal FMLA.

If your leave does qualify as federal EPSLA and/or EFMLEA leave, you will have the following rights while on leave:

- You have a right under the federal EFMLEA for up to 12 workweeks of leave (for the first 10 days it will be unpaid unless you elect to use accruals or EPSLA during this period) in a 12-month period which is calculated as the 12-month period measured forward from the date of your first federal FMLA leave usage.
- Your health benefits must be maintained during any period of unpaid federal family/medical leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from federal EPSLA and/or EFMLEA leave. If your leave extends beyond the end of your federal FMLA leave entitlements, you do not have return rights under federal FMLA.
- If you do not return to work following federal EPSLA and/or EFMLEA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to leave; or 3) other circumstances beyond your control, you may be required to reimburse the State for the employer's share of health insurance premiums paid on your behalf during your family/medical leave.
- You have the right to have sick, vacation, personal leave or compensatory leave run concurrently with the first two weeks of your EFMLEA leave entitlement, provided you meet any applicable requirements of the leave policies. If you do not meet the requirements for taking paid leave, you remain entitled to take the first two weeks of unpaid EFMLEA.