

Below is a *sample* employee letter for paid sick leave under the Families First Coronavirus Response Act (FFCRA).

Dear [Insert employee name]:

It has come to our attention that you are currently experiencing a COVID-19 related incident that may qualify for paid sick leave under the Families First Coronavirus Response Act (FFCRA). Under this act, you are entitled to up to 80 hours of paid sick leave for the following reasons:

1. for your own quarantine or isolation order under federal, state or local law;
2. to self-quarantine, as advised by a health care provider;
3. because you are experiencing symptoms and seeking a medical diagnosis;
4. to care for another individual subject to a quarantine or isolation order or advised to self-quarantine (not limited to your family members);
5. to care for your child as the result of school closing or the closing or unavailability of the childcare provider; or
6. because 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.

Please note there are maximum caps on the daily paid leave.

The emergency paid sick leave is available for immediate use by employees, regardless of length of employment. You are not required to use existing paid leave before the using the paid leave provided under FFCRA. Additionally, you are not required to search for a replacement employee to cover your scheduled hours.

If you need to take additional time off beyond this 2-week emergency paid leave you may also qualify for up to 12 weeks of job-protected leave under the Emergency Family and Medical Leave Expansion Act (EFMLA) or unpaid leave under traditional FMLA. If you do qualify, your FFCRA paid sick leave will run concurrently with, and will count toward, the total 12 weeks available under EFMLA or standard FMLA. If you continue to need additional time off for other reasons, you may be eligible for extended leave and benefits under our company policy such as vacation, paid time off, or sick time [insert company specific policies if appropriate].

Insurance coverage and other employment benefits will continue while on leave, but you must continue your portion of the contribution.

We ask that you provide reasonable notice of your circumstance and if practical, check in daily to provide an update unless you have notified us that your use of paid sick leave is expected to continue for up to 2 weeks. Note that calling in "sick" does not qualify as adequate notice. You must provide sufficient information regarding the reason for absence.

Request forms for each type of available leave are available upon request. For additional guidance, questions, or concerns, please contact Human Resources.

For more information, contact the Academy's Practice Management Center:

WEBSITE: aad.org/practicecenter

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