

## **Faculty Emergency Family Medical Leave Request Form for Leave Taken Under the Family First Coronavirus Response Act (FFCRA)**

CU is an employer covered under the FFCRA, which has enacted the Emergency Family and Medical Leave Expansion Act and the Emergency Paid Sick Leave Act. Under these acts, CU employees are eligible for

- Two weeks (up to 80 hours) of paid sick leave at two-thirds the employee's regular rate of pay because the employee is unable to work because of a bona fide need\* to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19; and
- Up to an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee's regular rate of pay where an employee, who has been employed for at least 30 calendar days, is unable to work due to a bona fide need\* for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

\*Bona fide need is how the Department of Labor is referring to the reason for this leave. No other due diligence beyond the completion and submission of this form is required to prove bona fide need.

Per the [Department of Labor](#), employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

### **Instructions**

When making a leave request under the FFCRA, applicants must:

- Submit this completed leave request form to the Central HR Leave Team via email to [Leave@colorado.edu](mailto:Leave@colorado.edu).
  - The leave team will process the Faculty Emergency Family Medical Leave request related to childcare and ensure a copy of this form is sent to the faculty member's Dean's Office and the Office of Faculty Affairs for further review;
  - Please address all questions to the leave team.
- Work with their primary unit (department or program) Chair or Director to determine which option (see options 1 and 2 below in the Leave Request Information section) is most appropriate given their unit's teaching needs as well as the faculty member's childcare needs; if the faculty member is rostered in an institute, please also include the Institute Director in determining which option is appropriate;
- Before routing the form to the Central HR Leave Team for approval, please notify your Dean's Office liaison that the request is being submitted.

### **Additional Information**

- A faculty member will be paid at 2/3 their normal rate of pay for any reduction in teaching, research and/or service up to a maximum of \$12,000 for the Fall 2020 semester.
- If a faculty member is requesting a release from all teaching, research and service duties, their total salary will be capped at \$12,000 for the Fall 2020 semester, per the Department of Labor FFCRA regulation; and Pre-tenure tenure-track faculty will not be granted a tenure clock stoppage, as an automatic one-year clock stoppage has already been granted to this group of faculty due to the COVID-19 pandemic.

**Faculty Member Information**

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

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

College/School: \_\_\_\_\_

Rank (instructor/senior instructor, or assistant/associate/full professor):

\_\_\_\_\_

Primary unit (department or program):

\_\_\_\_\_

If rostered in an Institute, please include institute name:

\_\_\_\_\_

**Leave Request Information**

I am requesting the following type of arrangement for the Fall 2020 semester due to a bona fide need\* to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19:

*Please complete the following.*

**Option 1: I am requesting a reduction in teaching, research and/or service. I understand how this will affect my pay as it is explained above under "Additional Information."**

Current Contract Duties:

Teaching \_\_\_\_\_%

Research \_\_\_\_\_%

Service \_\_\_\_\_%

Total Appointment \_\_\_\_\_%

Requested Duties to be updated due to a need for leave under the FFCRA:

Teaching \_\_\_\_\_%

Research \_\_\_\_\_%

Service \_\_\_\_\_%

Total Appointment \_\_\_\_\_%

**Option 2: I am requesting a remote teaching arrangement for the Fall 2020 semester and wish to continue my teaching, research and service duties as they have been assigned to me.**

**Childcare Information**

Do you have a spouse or partner that works for CU and will also be requesting leave?

Yes                      No

Have you utilized FMLA within the past 12 months?

Yes                      No

Name of the child being cared for:

Name of the school, place of care, or childcare provider that has closed or become unavailable:

Explanation as to why there is no other suitable person available to care for child:

Please sign, submit this leave request form to your Chair/Director for signature and approval, and send the form to [Leave@colorado.edu](mailto:Leave@colorado.edu). Human Resources will contact you within five business days to complete its review of your request, after which the form will continue in the approval process at the level of the dean and campus (Office of Faculty Affairs). By submitting this request, you certify and acknowledge that the information submitted is true, accurate and will be subject to verification.

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

**Approved By:**

\_\_\_\_\_  
Primary Unit Chair/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institute Director (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central HR Leave Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of the Institutes (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
OFA Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Provost and Associate Vice Chancellor for Faculty Affairs

\_\_\_\_\_  
Date