

**Michelson Realty Company LLC - UPDATED 4/4/20**  
**FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**  
**EMERGENCY PAID SICK LEAVE / EXPANDED FAMILY AND MEDICAL LEAVE REQUEST FORM**

Michelson Realty Company LLC (**Company**) will provide eligible employees with Emergency Paid Sick Leave (**EPSL**) and Expanded Family and Medical Leave (**EFML**) from April 1, 2020, through December 31, 2020, for specific, qualifying reasons related to COVID-19. Please complete this form to request EPSL and/or EFML (**Leave**) and return it to your property manager or to Rene Kramer, Payroll Coordinator, by e-mail at [kramer@michelsonrealty.com](mailto:kramer@michelsonrealty.com). We will notify you of your eligibility for Leave within five (5) business days after we receive your request. Please contact your property manager or Rene Kramer at [kramer@michelsonrealty.com](mailto:kramer@michelsonrealty.com) with any questions.

**Employee Name (print):** \_\_\_\_\_

**Type of Leave Requested:** (select **ALL** that apply)

EPSL only     EFML with \_\_\_\_ EPSL days     EFML with \_\_\_\_ PTO days

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

**Qualifying Reason(s) for Leave:** I am requesting Leave because I am **unable to work (or telework)** because I am: (select **ALL** that apply and provide the requested information)

**(1) Subject to a federal, state or local quarantine or isolation order related to COVID-19\*;**

Name of Government Entity that issued the order: \_\_\_\_\_

**\*The Company and its employees provide services considered essential to critical infrastructure under the federal CISA Guidance on the Essential Critical Infrastructure Workforce. Therefore, most government "shelter in place," "stay at home," and similar orders do not prevent Company employees from reporting to work, unless they fall under a category of citizens who have been specifically advised in the order to shelter in place, stay at home, isolate, or quarantine.**

**(2) Self-quarantined at the advice of a health care provider for health reasons related to COVID-19;**

Name of Health Care Provider: \_\_\_\_\_

**(3) Experiencing COVID-19 symptoms and seeking a medical diagnosis;**

**(4) Caring for an individual subject to an order described in Qualifying Reason 1, or who is in self-quarantine as described in Qualifying Reason 2;**

Name of Individual for whom you are caring: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Name of Government Entity that issued the order: \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_

**(5) Caring for my child whose school or place of care is closed, or whose child care provider is unavailable due to COVID-19 related reasons; and/or**

Name and Age(s) of Child (or Children): \_\_\_\_\_

Name of School/Place of Care/Child Care Provider: \_\_\_\_\_

Will any other person be caring for your child (or children) during Leave? \_\_\_\_ Yes \_\_\_\_ No

If your child is 14 years of age or older, are there special circumstances that require you to provide care during daylight hours? If so, please explain: \_\_\_\_\_

**(6) Experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.**

**NOTE: If you are a teleworking employee (only) or you are requesting leave for Qualifying Reason 5, please check the box for the type of Leave you are requesting, and for intermittent Leave, describe the requested schedule likely needed (all subject to Company approval):**     Continuous Leave     Intermittent Leave

**Describe:** \_\_\_\_\_

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**Eligible Employees:**

- **EPSL:** You may be eligible for up to two weeks (80 hours, or equivalent for part-time) of EPSL at full or partial pay for a **Qualifying Reason** (as provided above).
- **EFML:** If you have been employed for at least 30 calendar days immediately before the first day or your requested Leave, you may be eligible for up to two weeks of unpaid EFML for **Qualifying Reason 5**, and an additional 10 weeks of partially paid EFML. The first two weeks of EFML are unpaid. You may apply for EPSL or use your accrued PTO/vacation time.

**Paid Leave Entitlements:** The Company will provide employees up to two weeks (80 hours, or a part-time employee's two-week equivalent) of Leave based on the higher of employee's regular rate of pay, or the applicable State/Federal minimum wage (**Pay Rate**), paid at:

- 100% of Pay Rate for **Qualifying Reasons 1, 2, or 3**, with a maximum of \$511 daily/\$5,110 total;
- 2/3 of Pay Rate for **Qualifying Reasons 4, 5 and 6**, with a maximum of \$200 daily/\$2,000 total; and
- Up to two weeks of unpaid of EFML (can apply EPSL or accrued PTO) for **Qualifying Reason 5** and an additional 10 weeks of paid EFML at 2/3 of Pay Rate, with a maximum of \$200 daily /\$10,000 total.

**EPSL / EFML Employee Guidance:**

- You are unable to work if we have work for you and one of the **Qualifying Reasons** prevents you from being able to perform that work, either under normal circumstances at your normal worksite or teleworking. We may agree for you to work outside your normally scheduled hours in an effort to allow you to keep working. You are able to telework if we permit or allow you to work while you are at home or at a location other than your normal workplace.
- You will not be entitled to begin or continue any EPSL and/or EFML, even if previously approved, if we close our business or we place you on furlough, temporary layoff or permanent layoff.
- You may not use EPSL or EFML to cover any lost hours if we reduce your work hours because we do not have work for you to perform.
- In most cases, we will restore you to your same or an equivalent position when you return from EPSL or EFML. Highly compensated "key employees," as defined under the FMLA, and others to whom we provide notice may not return to the same or equivalent position.

**Employee Acknowledgements**

I understand that EPSL and EFML are available to me in addition to other paid leave provided by the Company. I understand unused EPSL/EFML will not be available after December 31, 2020, and will not be paid out at the termination of my employment for any reason. I understand that, unless I am teleworking or requesting leave for **Qualifying Reason 5**, I must continue to take such Leave each day until I either (A) use the full amount of my EPSL/EFML, or (B) no longer qualify for taking EPSL/EFML. I understand my cooperation with the Company's request for information to support my request for Leave is a necessary requirement, and I will be responsible for providing information necessary to determine my eligibility for Leave. I agree to follow Company call-in procedures for any absences until my request for Leave has been received, reviewed, and approved.

I HAVE READ AND I UNDERSTAND THE FOREGOING, AND ATTEST THAT ALL THE INFORMATION I PROVIDED WITH REGARD TO MY REQUEST FOR LEAVE IS TRUE AND ACCURATE:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*\* For Company Use Only \*\*\***

Leave request  APPROVED  DENIED Date: \_\_\_\_\_

Date of Employee Notification: \_\_\_\_\_