



Middle Georgia
State University

Instructions for Requesting Emergency Paid Sick Leave and/or Expanded Family Medical Leave Act

- Fill out applicable request form.
- Save the completed form to your computer.
- Send the form to the Office of Human Resources using one of the following methods:
 - Email the request form as an attachment in an encrypted email to humanresources@mga.edu (Preferred)
 - Print the completed request form and mail the request form to:

Middle Georgia State University
Office of Human Resources
100 University Parkway
Jones Building; Suite 230
Macon, GA 31206

- Fax the request to form to (478) 471-5383

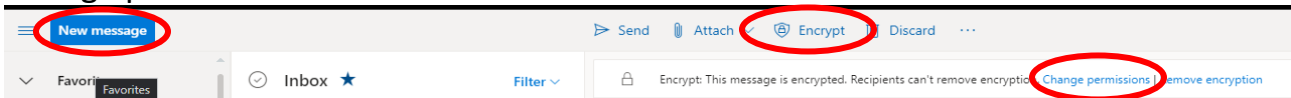
If you need assistance with this process, email humanresources@mga.edu or call (478) 471-2010.

Human Resources Leave Administrators will confirm with the employee and department when the request has been processed within OneUSG Connect.

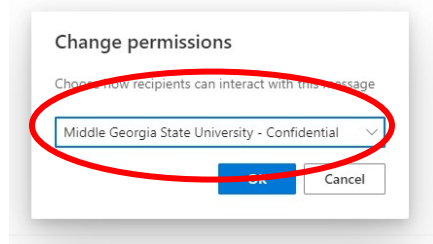
When sending Personally Identifiable Information (PII) through email, encrypting the email is the most secure way.

To send an encrypted email within Office 365 web outlook.

1. Login to Office 365 using your MGA credentials.
2. Go to Outlook.
3. New Message.
4. When the message box opens up, click on Encrypt.
5. Change permissions.

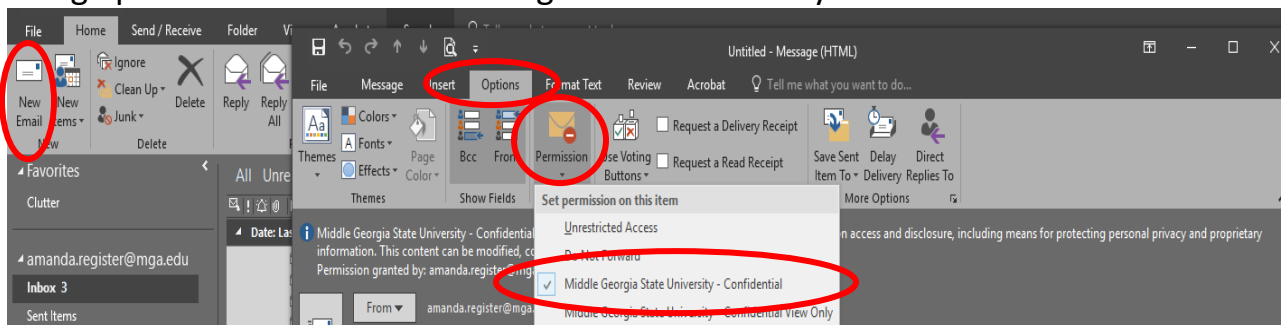


6. Change permissions to Middle Georgia State University - Confidential



To send an encrypted email within Outlook on your PC.

1. Click on New Email.
2. Go to Options within the new email window.
3. Click on Permissions.
4. Change permissions to Middle Georgia State University - Confidential



MIDDLE GEORGIA STATE UNIVERISTY
FFCRA LEAVE REQUEST FORM

Employees requesting leave pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this request form. Please discuss the request with your supervisor prior to submitting and please provide as much advance notice as reasonably practicable. Submit the completed form to Human Resources for processing.

Employee Name:	Employee ID #:
Employee Department:	E-mail:
Home Phone Number:	Cell Phone Number:
Supervisor Name:	Supervisor E-mail:
This is a (choose one): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	
Anticipated Begin Date of Leave:	Expected Return to Work Date:
Please check the leave type that applies. (Check all that apply; Supporting documentation must be provided for each type selected): <ul style="list-style-type: none"> <input type="checkbox"/> 1) is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; <input type="checkbox"/> 2) has been advised by a health care provider to self-quarantine related to COVID-19; <input type="checkbox"/> 3) is experiencing COVID-19 symptoms and is seeking a medical diagnosis; <input type="checkbox"/> 4) is caring for an individual subject to an order described in (1) or self-quarantine <input type="checkbox"/> 5) is 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 <input type="checkbox"/> 6) is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury. 	
Examples of acceptable supporting documentation include: <ul style="list-style-type: none"> • Employees subject to a quarantine or isolation order must provide the name of the government entity that issued the quarantine or isolation order. • Employees advised by a healthcare provider to self-quarantine must provide the name of the healthcare provider. • Employees caring for an individual must provide either (1) the name of the government entity that issued the quarantine or isolation order to which the individual being cared for is subject; or (2) the name of the health care provider who advised the individual being cared for to self-quarantine due to COVID-19-related concerns. • Employees caring for a son or daughter must provide: (1) the name of the child being cared for; (2) the name of the school, place of care or child care provider that has closed or become unavailable; and (3) a representation that no other suitable person will be caring for the child during the employee’s leave period. An employee seeking leave for this reason may need to explain why a teenaged child is in need of care. 	

Please provide above referenced details supporting your request below, or attach any documentation which may contain the referenced information below:

I am requesting (*choose one*): Continuous leave Intermittent leave

If your need for leave is intermittent, please describe the nature of your intermittent leave:

I certify that the above information is accurate and complete. I understand that I must contact the office of Human Resources regarding any changes or deviations to this request as submitted.

Employee Signature

Date

HUMAN RESOURCES USE ONLY:

Employee out due to Self -or- Care of Others

Required documentation (if applicable) received from employee: Received on: _____

FFRCA Request Approved Denied

Human Resources Signature

Date