



G&H TOWING

Marine Personnel - Request for COVID-19 Emergency Paid Sick Leave and Emergency Family and Medical Leave

First Name	_____
Last Name	_____
Address	_____
City/State/Zip	_____
Home Phone	_____ Cell Phone _____
Email	_____

On _____ you notified us that you need to take leave due to: (Check appropriate box below)
(Date)

Leave begins on _____ and will continue until on or about _____.
(Date) (Date)

Total harbor day(s) used on this request: _____

Section I. EMPLOYEE SICK LEAVE
You may select only one if you are electing to use the below sick leave in lieu using the COVID-19 related reasons in Section II. (Documentation must be available for Manager, Marine Personnel)

Use my accrued Non-Occupational Illness and Injury benefits per Appendix C- Harbor Section 16 in the Officer/Ratings Agreements

Section II. COVID-19 RELATED EMPLOYEE EMERGENCY PAID SICK LEAVE
You may select one only. This requires a doctor's note or proof of child's school or care provider is closed

<input type="checkbox"/>	1. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
<input type="checkbox"/>	2. The employee is having symptoms of COVID-19 and seeking a medical diagnosis;
<input type="checkbox"/>	3. The employee is caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19, or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
<input type="checkbox"/>	4. The employee is caring for a child whose school or care provider is closed, or is unavailable due to COVID-19 precautions
<input type="checkbox"/>	5. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.
<input type="checkbox"/>	6. The employee is recovering from adverse reactions to the vaccine or awaiting the results of a COVID-19 diagnosis or test after having close contact with a person with COVID-19 or at the employer's request.

X _____
Employee Signature

X _____
Manager/Supervisor Signature

Today's Date

Today's Date

Section II paid leave details:

COVID-19 Emergency Paid Sick Leave has been reset as of April 1, 2021 for those employee who previously used paid sick leave under the Families First Coronavirus Response Act (FFCRA).

For Emergency Sick Leave: A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

For Emergency Family and Medical Leave: A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid or unpaid sick leave, followed by up to 10 weeks of paid expanded family & medical leave), and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Calculation of Pay:

For Emergency Sick Leave reasons (1) and (2): Employees taking leave are entitled to pay at their regular rate, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

For Emergency Sick Leave reasons (3 through 5): Employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

For Emergency Family and Medical leave: Employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$10,000 in the aggregate (over a 10-week period). An employee may elect to substitute any accrued vacation leave, personal leave, or medical or sick leave for the first two weeks of partial paid leave under this section.

Paid Emergency Sick Leave and Emergency Family and Medical Leave sick time provided under this Act terminates on September 30, 2021. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment.

NOTICE: In the case of a leave request based on a quarantine order or self-quarantine advice, the statement from the employee should include the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine, and, if the person subject to quarantine or advised to self-quarantine is not the employee, that person's name and relation to the employee.

In the case of a leave request based on a school closing or child care provider unavailability, the statement from the employee should include the name and age of the child (or children) to be cared for, the name of the school that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave and, with respect to the employee's inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the employee to provide care.

The tax credit for paid sick leave wages is equal to the sick leave wages paid for COVID-19 related reasons for up to two weeks (80 hours), limited to \$511 per day and \$5,110 in the aggregate, at 100 percent of the employee's regular rate of pay. The tax credit for paid family leave wages is equal to the family leave wages paid for up to 12 weeks, limited to \$200 per day and \$12,000 in the aggregate, at 2/3rds of the employee's regular rate of pay. The amount of these tax credits is increased by allocable health plan expenses and contributions for certain collectively bargained benefits, as well as the employer's share of Social Security and Medicare taxes paid on the wages (up to the respective daily and total caps).

Employees will need to be informed of (1) the maximum period for which G&H Towing Company will provide paid leave under this category, (2) when this type of leave will expire, and (3) what documentation an employee will need to provide to confirm eligibility for the leave.