

How To Guide:

Completing the COVID19 Emergency FMLA Leave Form



- 1. Go to USF website at <u>usf.edu</u>.
- 2. Click on MyUSF.

| NetID | |
|-------------------|--|
| Password | |
| | Sign In |
| By logging in, La | aree to the terms of the Acceptable Use Po |

- Type in your NetID & Password **REMINDER:** Your NetID is your email address minus the "@usf.edu" You can also find your email/NetID through the <u>USF Directory</u>. Lastly, employees can contact IT @ 813-794-1222.
- 4. Click Sign In



- 5. Locate the drop-down menu by hovering your arrow over BUSINESS SYSTEMS.
- 6. Click on GEMS.

2 | PAGE

| wo-Factor | Authentication is required to access | s this service |
|--|--------------------------------------|------------------|
| | Choose an authentication method | |
| 43 | Duo Push RECOMMENDED | Send Me a Push |
| | 🛞 Call Me | Call Me |
| <u>What is this?</u> 다 Add a new device | Passcode | Enter a Passcode |

7. Choose your preferred method, Duo Push, Call Me, or Passcode to gain access to GEMS.



8. Double click on the Employee Leave Details box.

| < Employee Self Service | USF Employee Leave | | |
|--------------------------|--------------------|--------------------------------|--|
| Leave Request | Leave Request | | |
| T Manage Leave Approvals | | 00000 | |
| | Leave Type | | |
| Emergency COV19 Leave | Leave Type: Sick | View Leave Procedures View Lea | |
| | Leave Hours | | |

9. To the top-left of the screen, click on Emergency COV19 Leave box.



10. You have a choice. Click one: Emergency FMLA Leave Request or Emergency Paid Sick Leave Request. For this demonstration, it will be assumed the employee chose Emergency FMLA Leave Request.

3| PAGE

| Emergency FMLA Leave Request Emergency Paid Sick Leave Req Employee Request for Emergency Paid Sick Leave Date: 04/01/2020 GEMS Employee ID: Employee Name: Department: Division Of Human Resour Manager/Supervisor's Email: Preferred Method of <u>Femail</u> Correspondence: Postal/Letter | | USF Employee Leav | e |
|--|--|-------------------------------|---|
| Employee Request for Emergency Paid Sick Leave Date: 04/01/2020 GEMS Employee ID: Employee Name: Department: Division Of Human Resource Name: Supervisor's Email: Preferred Method of mai | Emergency FMLA Leave Request | Emergency Paid Sick Leave Req | ٩ |
| Date: 04/01/2020 GEMS Employee ID: Construction Of Human Resources Supervisor's Email: Consepondence: Postal/Letter | | Employee Request for Emer | gency Paid Sick Leave |
| Employee Name: Department: Division Of Human Resour Magager/Supervisor's Email: Supervisor's Email: Correspondence: Postal/Letter | Date: 04/01/202 | D | GEMS Employee ID: |
| Nanager/Supervisor's Email Name: Preferred Method of <u>remail</u> Correspondence: Postal/Letter | Employee Name: | | Department: Division Of Human Resources |
| | Manager/Supervisor Name: Preferred Method of <u>v Email</u> Correspondence: Postal/Li | etter | Supervisor's Email: |
| Employee Email: | Employee Email: | | |

11. When you begin completing the form, first, choose how you would prefer receiving correspondence concerning your Leave Request – Email or Postal/Letter.

| | Employe | e Request for Emergency FMLA Leave |
|--|---|---|
| Date: | 04/01/2020 | GEMS Employee ID: |
| Employee Name: | | Department: Division Of Human |
| Manager/Supervisor | Tempored to Appo | Supervisor's Email: |
| Name: Preferred Method of | Email | A |
| Correspondence: | Linai | • |
| Employee Email: | employee@usf.edu | |
| Address Line 1: | 1234 USF Street | |
| Address Line 2: | | |
| | | |
| eason for request Emergency Fi Response Act | Tampa ed leave, in accordance LMA Leave in accordance (effective 4/1/2020 the puesting Emergency F | State: FL Q Postal Code: 12345 ce with FMLA provisions: noce with special provisions under HR 6201- Families rough 12/31/2020 only) |
| City: Leason for request Emergency Fi Response Act attest that I am rec I am unable to closed (or chil of such leave, government, | Tampa ed leave, in accordance LMA Leave in accordance (effective 4/1/2020 the questing Emergency F by work or telework and ld care provider is una b is required. Accept school, or day care | State: FL Q Postal Code: 12345 ce with FMLA provisions: noce with special provisions under HR 6201- Families rough 12/31/2020 only) MLA due to the following: II am caring for a child (under 18) whose school or p vailable) for reasons related to COVID-19. Documer able documentation includes a notice that has be website, or published in a newspaper, or an emai |
| City: eason for request Response Act attest that I am rec I am unable to closed (or chil of such leave government, employee or | Tampa ed leave, in accordand (effective 4/1/2020 th questing Emergency F o work or telework and d care provider is una e is required. Accept school, or day care official of the schoo | State: FL Q Postal Code: 12345 ce with FMLA provisions: noce with special provisions under HR 6201- Families rough 12/31/2020 only) MLA due to the following: I am caring for a child (under 18) whose school or p vailable) for reasons related to COVID-19. Documer able documentation includes a notice that has be website, or published in a newspaper, or an email I, place of care, or child care provider. |
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| l am seeking: ◯ Continuous | |
|---------------------------------------|-----------------------------------|
| Start date or anticipated start date: | End date or anticipated end date: |
| List Dates Here: | |

15. The next section of the form allows you to choose whether you are requesting Continuous or Intermittent Leave.



16. If you click on Continuous you must include a start and end date. Clicking on the little icon next to the empty date boxes opens up a calendar. You can hover and click on the date of your choosing.

| Start date or anticipated start date: If End date or anticipated end date: List Dates Here: April 1, 2020; April 5, 2020; April 9, 2020; April 10, 2020; May 1, 2020 17. If you click on Intermittent Leave you must provide all the dates you are requesting the box provided. During the first 10-days, I am electing to use: Available USF lea OR Emergency Paid Sick lea Unpaid leave 18. Next, you must select ONE of the choices provided: Available USF, Emergency Paid or Unpaid leave. Paid Leave under this Emergency Paid FMLA leave is capped at 2/3 of the employee's rate of pay and usual hours worked up to \$200.00 per day or \$10,000.00 total." Part-time employees will be prorated based on the number of hours worked for the previous six months. While on Paid FMLA leave: I WILL supplement my pay with Accrued leave. 19. Then, you must choose whether you will supplement the 2/3rd pay with your own Accrued leave or you will not supplement your pay to equal your typical "full" paycheck amount. | Start date or anticipated start date: Image: End date or anticipated end date: List Dates Here: April 1, 2020; April 5, 2020; April 9, 2020; April 10, 2020; May 1, 2020 17. If you click on Intermittent Leave you must provide all the dates you are requesting the box provided. During the first 10-days, I am electing to use: Available USF leating Emergency Paid Sick leating Unpaid leave 18. Next, you must select ONE of the choices provided: Available USF, Emergency Paid or Unpaid leave. Paid Leave under this Emergency Paid FMLA leave is capped at 2/3 of the employee's rate of pay and usual hours worked for the previous six months. While on Paid FMLA Leave: I WILL supplement my pay with Accrued leave up to 100% of my regular pay and hours. I will NOT supplement my pay with Accrued leave. 19. Then, you must choose whether you will supplement the 2/3" pay with your own Accrued leave or you will not supplement your pay to equal your typical "full" paycheck amount. | | inuous | |
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| understand by submitting a request for Emergency FMLA-designated leave I agree that: If approved, the leave will count towards my 12 weeks/480 hours of entitlement. FMLA leave is tracked on a rolling 12-month period measured backward. Faculty covered under USF's United Faculty of Florida (UFF) Collective Bargaining Agreement (CBA) will be tracked on a fiscal year basis. I understand that the initial 10-days of my Emergency FMLA leave is unpaid and that I have the option of using my Available USF accrued leave or Emergency Paid Sick leave during this period. If I have elected to use Paid Sick Leave under provisions of HR 6201, I understand that I am eligible for up to a maximum of 80 hours unless provisions under the law are changed. If I have elected to supplement my pay over the Emergency FMLA leave cap, as elected above, I understand that my Available USF leave will be paid from balances in the following order: Special or Overtime Compensatory Leave, Sick Leave, Annual Leave. If the anticipated end date of my leave changes, it is my responsibility to communicate with my supervisor and Human Resources to request approval of the change. If I have elected to take the initial 10-day period unpaid, I am responsible for continuing payment of my employee share of insurance premiums before the paid leave begins. Should HR not receive my completed documentation, and I remain absent from employment with USF, I understand that I may beside to termination from my position, consistent with USF's policies and regulations regarding attendance and unexcused absences. |
|--|
| Click to submit this request Add New Request Add New Request |

20. You are asked to acknowledge your understanding and agreement of the statements listed by clicking the box that states, "Please check to accept/agree."

21. Finally, once you check the box you may click to submit your request for leave.

| Please contact the following for any questions once submitted: | | | | |
|--|-----------------------------|--------|--------------------|--|
| | | | | |
| Tampa Campus | Division of Human Resources | Email: | FMLA@usf.edu | |
| St. Pete Campus | Human Resources Office | Email: | usfsp-FMLA@usf.edu | |
| Sarasota Campus | Human Resources Office | Email: | Inixon2@usf.edu | |