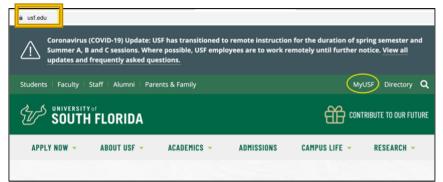


## How To Guide:

Completing the COVID19 Emergency Paid Sick Leave Form



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

NetID	
Password	
	Sign In
By logging in. La	gree 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.

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

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.

C Employee Self Service		USF Employee Leave
Eave Request	Leave Request	
🔚 Manage Leave Approvals	Cristal Fortino	00000
Emergency COV19 Leave	Leave Type Leave Type: Sick	View Leave Procedures View Leave
	Leave Hours	

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

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

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	USF Employee Leav	e
Emergency FMLA Leave Request	Emergency Paid Sick Leave Req	
	Employee Request for Emer	gency Paid Sick Leave
Date: 04/01/2020		GEMS Employee ID:
Employee Name:		Department: Division Of Human Resources
Nanager/Supervisor Name: Preferred Method of VEmail Correspondence: Postal/Lett Employee Email:	er	Supervisor's Email:

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

Employee Request for Emergency Paid Sick Leave							
Date: 04/	//02/2020	GEMS Employee ID:					
Employee Name:		Department:	Division Of Human Resources				
Manager/Supervisor Name:		Supervisor's Email:					
Preferred Method of Er	mail \$						
Employee Email: emp	ployee @usf.edu						
Address Line 1: 123	34 USF Street						
Address Line 2:							
City: Tan	mpa	State: FL Q Postal Cod	e: 12345				

12. Since you are in GEMS, your name and employee info will auto-populate. Go on to complete your email address and home address.

emp	er the Families First Coronavirus Response Act (FFCRA), an employee qualifies for paid sick time if the loyee is unable to work (or unable to telework) for the following reasons effective April 1, 2020 through ember 31, 2020:
	lified Reasons
Lam	requesting Emergency Paid Sick Leave due to the following:
	1. Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
	<ol><li>Employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.</li></ol>
	<ol><li>Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.</li></ol>
	<ol> <li>Employee is caring for an <u>individual</u> who is subject to an order as described in 1 or has been advised as described in 2.</li> </ol>
	<ol> <li>Employee is caring for a <u>son or daughter</u> of such employee if the school or place of care of the son of daughter has been closed, or the childcare provider of such son or daughter is unavailable due to COVID-19 precautions.</li> </ol>
	6. Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.
1	.3. Check the qualified reason(s) that apply to your situation.

<ol> <li>Employee is caring for a <u>son or daughter</u> of daughter has been closed, or the childcare pr precautions.</li> </ol>	Cal		ar	<b>\$</b>	202	0	¢	place of care of the son of is unavailable due to COVI
6. Employee is experiencing any other substa and Human Services in consultation with the	S	М	т	W	т	F	S	d by the Secretary of Health
and Human Services in consultation with the				1	2		4	le Secretary of Labor.
Start date or anticipated start date:	5 12	6 13	7 14	8 15	9 16	10 17	11 18	d end date:
uired Documentation - An employee requesti	19				23	24	25	or reasons mentioned above
cluding #5), is required to submit a note from a cipated duration of the condition and need for le	26	27	28	29	30			ealth official with the on for Reason #5 include
ce that has been posted on a government, s n email from an employee or official of the s		٩	Cu	rrent	Date	•		r published in a newspap care provider.

14. Then, add the start date or anticipated start date and the end date in the designated boxes. Clicking on the little icon next to the empty date box opens up a calendar. You can hover and click on the date of your choosing. <u>Required Documentation</u> - An employee requesting emergency paid sick leave for reasons mentioned above, (Excluding #5), is required to submit a note from a medical professional or public health official with the anticipated duration of the condition and need for leave; Acceptable documentation for Reason #5 includes a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

Next, you will notice a box that explains the need for required documentation.
 Please send documentation via email to: <u>Leaveadmin@usf.edu</u>.
 Paper documentation is not accepted.

## Pay Calculations

	For reasons (1) (2) or (3) - Employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).	
	For reasons (4 or 6) - 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 \$2,000 in the aggregate (over a 2-week period).	
	For reason (5) - 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).	
)	While on Paid Sick Leave:	
	I WILL supplement my pay with available leave balances up to 100% of my regular pay and hours.	
	I will NOT supplement my pay with leave.	
	<sup>1</sup> 16. The next section describes how your pay is calculated. You must check off the bo	УX
	that indicates whether you will supplement your pay with available leave or not.	

I understand by submitting a request for Emergency Paid Sick leave I agree that:						
<ul> <li>to 80 hours unle</li> <li>If I have elected communicate wi</li> <li>When leave is for paid sick time, a continue receivin</li> <li>If the anticipated and Human Res</li> <li>Should HR not n understand that</li> </ul>	ss provisions unde to supplement my th my supervisor al preseeable, I will pr in employer may re ing paid sick time. d end date of my les sources to request a eceive my complet I may be subject to	r the law are changed. pay over the Emergency Paid nd leave coordinator. ovide notice of leave as soon quire employees to follow reas ave changes, it is my responsi approval of the change. ed documentation, and I rema	201, I understand that I am eligible for up Sick leave cap, as elected above, I will as is practicable. After the first workday of sonable notice procedures in order to bility to communicate with my supervisor in absent from employment with USF, I consistent with USF's policies and			
lease check to a	accept/agree	Click to submit this request	Add New Request			

- 17. You are asked to acknowledge your understanding and agreement of the statements Listed by clicking the box that states, "Please check to accept/agree."
- 18. Finally, once you check the box you may click to submit your request for leave.

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