

FFCRA Application Procedures

For Emergency Paid Sick Leave and Emergency Family and Medical Leave Expansion

Please review the entire Families First Coronavirus Response Act (FFCRA) Policy and the summary below before completing the procedures. Also refer to the “[Required Documentation](#)” table on page 11.

Emergency Paid Sick Leave (EPSL)

Who is covered? Port Authority and PATH full-time and part-time employees, including project, probationary, and temporary employees, paid interns, and all essential employees.
Eligibility Criteria – Employee is eligible upon hire.
Duration – 2 workweeks, capped at a total of 80 hours (or a part-time employee’s two-week equivalent)
Amount of Pay – Your full regular pay

Emergency Family and Medical Leave Expansion (EFML)

Who is covered? Port Authority and PATH full-time and part-time employees, including project, probationary and temporary employees, and paid interns. EFML applies on a case-by-case basis for essential employees (see Reason 5 for instructions).				
Eligibility Criteria – Employee is eligible upon hire.				
Duration – 12 workweeks				
Amount of Pay – Employees have several options for pay during EFML as outlined below:				
<table border="1" style="width: 100%;"> <tr> <td style="background-color: #4a7ebb; color: white; text-align: center;">Weeks 1-2</td> <td style="background-color: #002d62; color: white; text-align: center;">Weeks 3-12</td> </tr> <tr> <td style="background-color: #4a7ebb; color: white;"> <p>You may opt to use one of the following:</p> <ul style="list-style-type: none"> Emergency Paid Sick Leave – at full regular pay Accrued paid time off (vacation, comp time, or personal days) – at full regular pay Unpaid time </td> <td style="background-color: #002d62; color: white;"> <p>Remaining 10 weeks are paid at 2/3 of your regular pay, capped at \$200 per full day of work, UNLESS you opt to use your accrued paid time off (vacation, comp time, or personal days) to remain at full pay. Your accrued time will run concurrently with EFML. Then the remaining weeks of EFML are paid at 2/3 of your regular pay, capped at \$200 per full day of work.</p> </td> </tr> </table>	Weeks 1-2	Weeks 3-12	<p>You may opt to use one of the following:</p> <ul style="list-style-type: none"> Emergency Paid Sick Leave – at full regular pay Accrued paid time off (vacation, comp time, or personal days) – at full regular pay Unpaid time 	<p>Remaining 10 weeks are paid at 2/3 of your regular pay, capped at \$200 per full day of work, UNLESS you opt to use your accrued paid time off (vacation, comp time, or personal days) to remain at full pay. Your accrued time will run concurrently with EFML. Then the remaining weeks of EFML are paid at 2/3 of your regular pay, capped at \$200 per full day of work.</p>
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Which Leave(s) Can You Use for Your COVID-19 Related Reason?		Emergency Paid Sick Leave?	Emergency Family and Medical Leave?	Other Agency Paid Options?
	For Timekeepers’ Use Only: Code Used for Leave	MDX	EFML	Varies
1	You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (and you are unable to work remotely).	Yes	No	Upon exhausting EPSL, you may be eligible for additional Medically Excused (MDX) Time, subject to verification.
2	You have been advised by a health care provider (including Office of Medical Services) to self-quarantine due to concerns related to COVID-19 (and you are unable to work remotely).	Yes	No	
3	You are experiencing symptoms of COVID-19 and seeking a medical diagnosis (and you are unable to work remotely).	Yes	No	Excused Sick Leave (COVID-19 Leave Enhancement)
4	You are caring for an individual who is subject to an order of isolation or has been advised to self-quarantine (and you are unable to work remotely).	Yes	No	Vacation, Personal Leave, Comp Time
5	You are caring for your son or daughter if the school or place of care for your son or daughter has been closed, or the childcare provider of your son or daughter is unavailable, due to COVID-19 reasons (and you are unable to work remotely).	Yes	Yes	Vacation, Personal Leave, Comp Time
6	You are experiencing any other substantially similar condition specified by U.S. Department of Health and Human Services (and you are unable to work remotely).	Yes	No	Varies
7	You are experiencing side effects after receiving a COVID-19 vaccine (and you are unable to work remotely).	Yes	No	Excused Sick Leave (COVID-19 Leave Enhancement)

Choose the procedures specific to your qualifying COVID-19 reason

Procedures are slightly different for each qualifying reason for Emergency Paid Sick Leave (EPSL) and Emergency Family and Medical Leave (EFML). Please click the “Reason” link below to jump to the procedures for your qualifying reason. **Please follow these procedures fully and carefully.**

- [Reason 1 Procedures](#) – You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (and you are unable to work remotely).
- [Reason 2 Procedures](#) – You have been advised by a health care provider (including OMS) to self-quarantine due to concerns related to COVID-19 (and you are unable to work remotely).
- [Reason 3 Procedures](#) – You are experiencing symptoms of COVID-19 and seeking a medical diagnosis (and you are unable to work remotely).
- [Reason 4 Procedures](#) – You are caring for an individual who is subject to an order of isolation or has been advised to self-quarantine (and you are unable to work remotely).
- [Reason 5 Procedures](#) – You are caring for your son or daughter if the school or place of care of your son or daughter has been closed, or the childcare provider of your son or daughter is unavailable, due to COVID-19 reasons (and you are unable to work remotely). *Reason 5 qualifies for both EPSL and EFML.*
- [Reason 6 Procedures](#) – You are experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services (and you are unable to work remotely).
- [Reason 7 Procedures](#) – You are experiencing side effects after receiving a COVID-19 vaccine (and you are unable to work remotely).

Reason 1 – You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19 (and you are unable to work remotely).

Application Process

1. Call your Manager/Supervisor and the absence line to report your first day of absence. For civilian staff, call the Absence Evaluation Unit (AEU) at 888-667-2255. For police, call the Absence Control Unit (ACU) at 800-451-6751. Specify that the absence is COVID-19 related. You will also be instructed to report the situation with the COVID-19 Information Hotline (844-334-4850).
2. Notify your Manager/Supervisor and Business Manager that you are requesting **Emergency Paid Sick Leave**.
3. Complete the [FFCRA Application](#). Email the application to Human Resources (HR Administrative Memos Requests) at HRAdminMemos@panynj.gov. Copy your Manager/Supervisor and Business Manager. The application must be submitted within 5 days of your first day of absence, if practicable.
4. Provide the Office of Medical Services (OMS) with a copy of the official order of isolation or quarantine (from your municipality, the state or the federal government, including any official order by the Department of Health or other public health entity). This order should be emailed to the Chief Medical Officer (OMS@panynj.gov) or faxed (212-435-2690) within 5 days of the first day of absence, if practicable.
5. Following review of your application and documentation, Human Resources (HR Administrative Memos Requests) will contact you to confirm your approval. HRD will copy your Manager/Supervisor and Business Manager to ensure proper timekeeping of your time off.

Return to Work Process

6. Since your quarantine was precautionary, you do not need to provide medical documentation to be cleared to return to work, but must confirm on the COVID-19 Information Hotline that you never experienced symptoms, have no tests pending, and have not been in close contact with an individual who has been diagnosed or is suspected of having COVID-19.
7. Contact your Manager/Supervisor the day before you return to work. Call the absence line (AEU or ACU) on the day you return.

Reason 2 – You have been advised by a health care provider (including OMS) to self-quarantine due to concerns related to COVID-19 (and you are unable to work remotely).

Application Process

1. There are several ways you may be advised to self-quarantine:
 - a. If your health care provider advises you to self-quarantine, you must immediately call your Manager/Supervisor and the absence line to report your first day of absence. For civilian staff, call the Absence Evaluation Unit (AEU) at 888-667-2255. For police, call the Absence Control Unit (ACU) at 800-451-6751. Specify that the absence is related to potential exposure to COVID-19. You will also be instructed to report the situation with the COVID-19 Information Hotline (844-334-4850).
 - b. If you believe you were exposed (at work or elsewhere), you should immediately contact the COVID-19 Information Hotline, which will confirm the details of the exposure, verify information with your department, and determine whether you need to self-quarantine. You must then report your first day of absence to your Manager/Supervisor and the absence line – civilian staff call the AEU at 888-667-2255, and police call the ACU at 800-451-6751. Specify the absence is COVID-19 related.
 - c. You may be contacted by the COVID-19 Information Hotline and asked to self-quarantine as a precaution (due to possible workplace exposure). If this is the case, you need to make sure you report your first day of absence to your Manager/Supervisor and the absence line – civilian staff call the AEU at 888-667-2255, and police call the ACU at 800-451-6751. Specify the absence is COVID-19 related.
2. Notify your Manager/Supervisor and Business Manager that you are requesting **Emergency Paid Sick Leave**.
3. Complete the [FFCRA Application](#). Email the application to HR Administrative Memos Requests at HRAdminMemos@panynj.gov. Copy your Manager/Supervisor and Business Manager. The application must be submitted within 5 days of your first day of absence, if practicable.
4. Provide the Office of Medical Services (OMS) with a copy of medical documentation from your health care provider advising you to self-quarantine. This documentation should be emailed to the Chief Medical Officer (OMS@panynj.gov) or faxed (212-435-2690) within 5 days of the first day of absence, if practicable. **Please note:** If you were advised by the COVID-19 Information Hotline to quarantine as a precaution because you were exposed to someone with COVID-19, you do not need medical documentation (unless you develop symptoms).
5. Following review of your application and documentation, Human Resources (HR Administrative Memos Requests) will contact you to confirm your approval. HRD will copy your Manager/Supervisor and Business Manager to ensure proper timekeeping of your time off.

Return to Work Process

6. If your quarantine was precautionary and you never developed symptoms, you do not need to provide medical documentation to be cleared to return to work, but must confirm via the COVID-19 Information

Hotline that you never experienced symptoms, have no tests pending, and have not been in close contact with an individual who has been diagnosed or is suspected of having COVID-19.

7. If you begin to experience symptoms, you will need to contact the COVID-19 Information Hotline to report your situation, including if you need to extend your absence. In order to be cleared to return to work, you must provide medical documentation from your health care provider certifying that you are fit for duty. This documentation must be provided to the Chief Medical Officer by email (OMS@panynj.gov) or fax (212-435-2690).
8. Contact your Manager/Supervisor the day before you return to work. Call the absence line (AEU or ACU) on the day you return.

Reason 3 – You are experiencing symptoms of COVID-19 and seeking a medical diagnosis (and you are unable to work remotely).

Application Process

1. Call the absence line to report your first day of absence – civilian staff call the Absence Evaluation Unit (AEU) at 888-667-2255, and police call the Absence Control Unit (ACU) at 800-451-6751. Specify that you are experiencing COVID-19 symptoms, and your call will be forwarded to the COVID-19 Information Hotline (844-334-4850), which will document your situation.
2. Notify your Manager/Supervisor and Business Manager that you are requesting **Emergency Paid Sick Leave**.
3. Complete the [FFCRA Application](#). Email the application to HR Administrative Memos Requests at HRAdminMemos@panynj.gov. Copy your Manager/Supervisor and Business Manager. The application must be submitted within 5 days of your first day of absence, if practicable.
4. Provide the Office of Medical Services (OMS) with a copy of medical documentation from your health care provider certifying your need for leave due to COVID-19 symptoms. This documentation should be emailed to the Chief Medical Officer (hfisher@panynj.gov) or faxed (212-435-2690) within 5 days of the first day of absence, if practicable.
5. Following review of your application and documentation, Human Resources (HR Administrative Memos Requests) will contact you to confirm your approval. HRD will copy your Manager/Supervisor and Business Manager to ensure proper timekeeping of your time off.

Return to Work Process

6. In order to be cleared to return to work, you must provide medical documentation from your health care provider certifying your fitness for duty. This documentation must be provided to the Chief Medical Officer by email (hfisher@panynj.gov) or fax (212-435-2690).
7. Contact your Manager/Supervisor the day before you return to work. Call the absence line (AEU or ACU) on the day you return.

Reason 4 – You are caring for an individual who is subject to an order of isolation or has been advised to self-quarantine (and you are unable to work remotely).

Application Process

1. Call the COVID-19 Information Hotline (844-334-4580), which will document your situation.
2. Notify your Manager/Supervisor and Business Manager that you are requesting **Emergency Paid Sick Leave**.
3. Complete the [FFCRA Application](#). Email the application to HR Administrative Memos Requests at HRAdminMemos@panynj.gov. Copy your Manager/Supervisor and Business Manager. The application must be submitted within 5 days of your first day of absence, if practicable.
4. Provide the Office of Medical Services (OMS) with a copy of the individual's official isolation order or the self-quarantine advisement by the individual's health care provider, certifying your need for leave. This documentation should be emailed to the Chief Medical Officer (OMS@panynj.gov) or faxed (212-435-2690) within 5 days of the first day of absence, if practicable.
5. Following review of your application and documentation, Human Resources (HR Administrative Memos Requests) will contact you to confirm your approval. HRD will copy your Manager/Supervisor and Business Manager to ensure proper timekeeping of your time off.

Return to Work Process

6. Contact your Manager/Supervisor on the day before you return to work.
7. If you begin to experience symptoms, you will need to stay home and contact the Absence Evaluation Unit (for civilian staff) or Absence Control Unit (for police) immediately. Specify that you are experiencing COVID-19 symptoms, and your call will be forwarded to the COVID-19 Information Hotline, which will document your situation. In order to be cleared to return to work, you must provide medical documentation from your health care provider, certifying you are fit for duty, to the Chief Medical Officer by email (OMS@panynj.gov) or fax (212-435-2690).

Reason 5 – You are caring for your son or daughter if the school or place of care of your son or daughter has been closed, or the childcare provider of your son or daughter is unavailable, due to COVID-19 reasons (and you are unable to work remotely).

Application Process

1. Confirm with your Manager/Supervisor if you are designated as an essential or non-essential employee.
 - **If you are designated as an essential employee**, please work with your Manager/Supervisor to request written approval for EFML from your Department Director or Chief, who will need to receive concurrence from the Chief Human Capital. If you are approved for EFML, please provide their written approval (a short emailed statement from your Director/Chief is sufficient) along with your FFCRA Application in step 3.
 - **If you are a non-essential employee**, you do not need written approval from your Department Director or Chief for EFML.
2. Call the COVID-19 Information Hotline (844-334-4850), which will document your situation.
3. Notify your Manager/Supervisor and Business Manager that you are requesting **Emergency Paid Sick Leave** and/or **Emergency Family and Medical Leave**.
4. Complete the [FFCRA Application](#). Email the application, along with a copy of the document confirming the school or place of care is closed, or the childcare provider is unavailable, due to COVID-19, to HR Administrative Memos Requests at HRAdminMemos@panynj.gov. Copy your Manager/Supervisor and Business Manager. The application and documentation must be submitted within 5 days of your first day of absence, if practicable.
5. Following review of your application and documentation, Human Resources (HR Administrative Memos Requests) will contact you to confirm your approval, providing an EFML Notice of Eligibility, Rights & Responsibilities and Designation. HRD will copy your Manager/Supervisor and Business Manager to ensure proper timekeeping of your time off.

Return to Work Process

6. Contact your Manager/Supervisor on the day before you return to work.

Reason 6 – You are experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services (and you are unable to work remotely).

Application Process

1. Call the absence line to report your first day of absence. For civilian staff, call the Absence Evaluation Unit (AEU) at 888-667-2255. For police, call the Absence Control Unit (ACU) at 800-451-6751. Specify that the reason is COVID-19 related. You will also be instructed to report the situation with the COVID-19 Information Hotline (844-334-4850).
2. Notify your Manager/Supervisor and Business Manager that you are requesting **Emergency Paid Sick Leave**.
3. Complete the [FFCRA Application](#). Email the application to HR Administrative Memos Requests at HRAdminMemos@panynj.gov. Copy your Manager/Supervisor and Business Manager. The application and documentation must be submitted within 5 days of your first day of absence, if practicable.
4. Provide the Office of Medical Services (OMS) with documentation verifying the need for leave based on the “substantially similar condition.” This documentation should be emailed to the Chief Medical Officer (OMS@panynj.gov) or faxed (212-435-2690) within 5 days of the first day of absence, if practicable.
5. Following review of your application and documentation, Human Resources (HR Administrative Memos Requests) will contact you to confirm your approval. HRD will copy your Manager/Supervisor and Business Manager to ensure proper timekeeping of your time off.

Return to Work Process

6. In order to be cleared to return to work, you must provide medical documentation from your health care provider if the reason was related to your own health. This documentation must be provided to OMS by email (OMS@panynj.gov) or fax (212-435-2690). If your reason for leave was precautionary or otherwise did not relate to your own health, you do not need to provide medical documentation.
7. If you develop symptoms or become aware that you may have been exposed to a positive or suspected case of COVID-19, you must call the COVID-19 Information Hotline to report your situation. You will then be required to provide medical documentation to be cleared for duty.
8. When you have been cleared to return to work, contact your Manager/Supervisor the day before you return to work and call the absence line (AEU or ACU) on the day of your return.

Reason 7 – You are experiencing side effects after receiving a COVID-19 vaccine (and you are unable to work remotely).

Application Process

1. Call the absence line to report your first day of absence – civilian staff call the Absence Evaluation Unit (AEU) at 888-667-2255, and police call the Absence Control Unit (ACU) at 800-451-6751. Specify that you are experiencing an illness in relation to your COVID-19 vaccine, and your call will be forwarded to the COVID-19 Information Hotline (844-334-4850), which will document your situation.
2. Notify your Manager/Supervisor and Business Manager that you are requesting **Emergency Paid Sick Leave**.
3. Complete the [FFCRA Application](#). Email the application to HR Administrative Memos Requests at HRAdminMemos@panynj.gov. Copy your Manager/Supervisor and Business Manager. The application must be submitted within 5 days of your first day of absence, if practicable.
4. Provide the Office of Medical Services (OMS) with a proof of your vaccination by emailing a photograph of your CDC COVID-19 Vaccination Record Card, complete with your name and employee ID#. This documentation should be emailed to vaccine@panynj.gov within 5 days of the first day of absence, if practicable.
5. Following review of your application and documentation, Human Resources (HR Administrative Memos Requests) will contact you to confirm your approval. HRD will copy your Manager/Supervisor and Business Manager to ensure proper timekeeping of your time off.

Return to Work Process

6. In order to be cleared to return to work and if your absence is in excess of 5 consecutive workdays, you must provide medical documentation from your healthcare provider certifying your fitness for duty, either in the form of a doctor's note or a PA Medical Certification Form ([4265](#) for civilian employees and [4257](#) for police) completed by the healthcare provider. This documentation must be provided to the Chief Medical Officer by email (OMS@panynj.gov) or fax (212-435-2690).
7. Contact your Manager/Supervisor the day before you return to work. Call the absence line (AEU or ACU) on the day you return.

Required Documentation Table

See below for the documentation required for each qualifying reason for Emergency Paid Sick Leave and Emergency Family and Medical Leave. Required documentation must be submitted to the appropriate recipient within 5 days of your first day of absence, if practicable.

Emergency Paid Sick Leave Qualifying Reasons	Required Documentation	Recipient of Documentation
1. You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19.	Copy of quarantine order (official order by Department of Health, municipality, state, or federal government)	Office of Medical Services Email: OMS@panynj.gov Or Fax: 212-435-2690
2. You have been advised by a health care provider (including OMS) to self-quarantine due to concerns related to COVID-19.	Documentation from employee's health care provider. If you were advised to self-quarantine by OMS or the COVID-19 Hotline, no documentation is required	
3. You are experiencing symptoms of COVID-19 and seeking a medical diagnosis.	Documentation from employee's health care provider	
4. You are caring for an individual who is subject to an order of isolation or has been advised to self-quarantine.	Quarantine order or documentation from individual's health care provider	
5. You are caring for your son or daughter if the school or place of care of your son or daughter has been closed, or the childcare provider of your son or daughter is unavailable, due to COVID-19 reasons.	Email/text message from the child's school or place of care, or a closure announcement on the website of the school or place of care	HR Administrative Memos Requests at HRAdminMemos@panynj.gov and copy Manager/Supervisor and Business Manager
6. You are experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.	Documentation from health care provider	Office of Medical Services Email: OMS@panynj.gov Or Fax: 212-435-2690
7. You are experiencing side effects after receiving a COVID-19 vaccine.	Photograph of CDC COVID-19 Vaccination Record Card	Office of Medical Services Email: vaccine@panynj.gov
Emergency Family and Medical Leave Expansion Qualifying Reason	Required Documentation	Recipient of Documentation
You are caring for your son or daughter if the school or place of care of your son or daughter has been closed, or the childcare provider of your son or daughter is unavailable, due to COVID-19 reasons.	Email/text message from the child's school, place of care, or a closure announcement on the website of the school or place of care.	HR Administrative Memos Requests at HRAdminMemos@panynj.gov and copy Manager/Supervisor and Business Manager