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| --- | --- | --- | --- | --- | --- | --- |
| **SECTION I EMPLOYEE INFORMATION** | | | | | | |
| **Name:** Click or tap here to enter text. | | **Phone Number:** Click or tap here to enter text. | | **Email:** Click or tap here to enter text. | | |
| **Mailing Address:** Click or tap here to enter text. | | | | **City/Zip:** Click or tap here to enter text. | | |
| **Department:** Click or tap here to enter text. | | | | |  | |
| **SECTION II TEMPORARY LEAVE OF ABSENCE REQUESTED RELATED TO:** | | | | | | |
| **(1) Subject to federal, state or local quarantine order.**  \**Provide name of the government entity issuing the order:* Click or tap here to enter text.  \*Leave(s) Available: EPSLA.  **(2) Advised by a healthcare provider1 to self-quarantine.**  \*Healthcare provider note attached  *Provider note must indicate that employee has had close contact2 with an individual who is being tested or has tested positive for COVID-19.*  \*Leave(s) Available: EPSLA  **(3) Experiencing symptoms of COVID-19 and seeking a medical diagnosis.**   * + *Healthcare provider note attached*   *Provider note must indicate that you have been tested for the COVID-19 virus and you are awaiting test results and estimated date of results to be provided.*  \*Leave(s) Available: EPSLA  **(4) Caring for an individual who is subject to quarantine or advised to self-quarantine.**  Spouse  Child  Parent  Other (describe: )  *Provider note is required to confirm the staff member has to care for this individual.*  \*Leave(s) Available: EPSLA  **(5) Caring for a son/daughter under the age of 18 (non-disability) or over the age of 18 (disability) if the school or place of care is closed due to COVID-19**.3   * + *Attach notification from school/place of care (includes name of provider)*   Name of ChildClick or tap here to enter text.  **I Certify that I do not have anyone suitable available to watch my child.** Click or tap here to enter text. **(initials)**  \* Leave(s) Available: EPSLA, EFMLEA  **(6) Experiencing substantially similar conditions as specified by the Secretary of Health and Human Services.**  \*Describe:  \*Leave(s) Available: EPSLA | | | | | | |
| **Date Leave Requested**Click or tap here to enter text. | **Est. Start of Leave:**Click or tap here to enter text. | | **Est. End of Leave:**Click or tap here to enter text. | | | **Est. Return to Work:**Click or tap here to enter text. |

# Please complete this form to request a Leave of Absence under provisions afforded by the Families First Coronavirus Relief Act . NOTE: These leaves are for temporary/short-term leave requests. For extended leaves, please reach out to Human Resources as these provisions may not cover what you need.

**SECTION III EMPLOYEE AUTHORIZATION**

**I request the above Leave of Absence related to COVID-19. I understand that some portion of my leave may not be covered by paid leave time (based on the nature of my request). I have provided all supporting documentation related to my leave of absence request.**

**Signature:**Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Printed Name:** Click or tap here to enter text.

**SECTION IV HUMAN RESOURCE USE ONLY**

**Date Request Received in HR:** Click or tap here to enter text.

**Date Contact Made with Employee:**Click or tap here to enter text. **Individual Contacting: Additional Information:**Click or tap here to enter text.

**SECTION V ADMINISTRATIVE APPROVAL**

*Superintendent Approval*

*Date*

**Leave Definitions under the Families First Coronavirus Response Act:**

# The following is a brief summary of temporary laws for the Families First Coronavirus Response Act (FFCRA). These provisions expire 12/31/2020 (unless extended). Please refer to the [Department of Labor Notice](https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf) for employee rights of paid sick leave and expanded family and medical leave under the FFCRA. Other leave time may be accessible based on provisions in current handbooks/bargaining agreements.

**Emergency Paid Sick Leave Act (EPSLA)** – Provides eligible employees up to eighty (80) hours of paid leave if they cannot work for six (6) reasons (stated below) related to COVID-19.

Provides paid normal wages or a maximum of $511 per day for two (2) weeks (up to 80 hours) if leave is needed for the following reasons:

1. Employee is subject to federal, state or local quarantine or isolation order;
2. Employee has been advised by healthcare provider to self-quarantine; or
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis:

Provides paid 2/3 of the employee’s normal wages or up to $200 per day for two (2) weeks (up to 80 hours) if leave is needed for the following reasons.

1. The employee is caring for an individual who is subject to an order as described in No. 1 or has been advised as described in No. 2;
2. The employee is caring for son or daughter under the age of 18 if the school or place of care is closed due to COVID-19 precautions; or
3. The employee is experiencing substantially similar conditions as specified by the Secretary of Health and Human Services.

**Emergency Family and Medical Leave Expansion Act (EFMLEA) –** Amends the Family and Medical Leave Act (FMLA) by allowing an employee to take up to twelve (12) weeks of leave (10 weeks of paid leave) if the employee is unable to work to care for a child because his/her child’s school/daycare is unavailable due to a public health emergency. The first 10 days of leave is unpaid (may be coordinated with EPSLA or available accrued sick leave time). After the initial 10 days, you are paid at a rate of 2/3 of your normal wages or up to $200 per day for ten (10) weeks, up to a maximum of $10,000.

# Other Definitions:

1 - The term “health care provider,” as used to determine individuals whose advice to self-quarantine due to concerns related to COVID-19 can be relied on as a qualifying reason for paid sick leave, means a licensed doctor of medicine, nurse practitioner, or other health care provider permitted to issue a certification for purposes of the FMLA.

1. For COVID-19, a [close contact](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.
2. Includes the physical location where your child received instruction or care. If some or all instruction is being provided online (or through another format such as “distance learning,”) and your child is still expected or required to complete assignments, the instructional/care facility is considered being closed. Teleworking determined on a case-by-case basis.