

## COVID-19 Leave Request

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act (“FFCRA”), please complete the following request form and return to Human Resources as soon as possible and before leave commences. Verbal notice will be accepted until a form can be provided. Prior to requesting leave, please review the District’s notice regarding FFCRA <https://www.frc.edu/humanresources/forms>

Currently, FFCRA leaves must be utilized prior to December 31, 2020.

Documentation supporting the need for leave must be included with this request.

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Job Title/Work Location**

### **Emergency Paid Sick Leave**

All District employees are eligible for up to two (2) workweeks (up to 80 hours for full-time employees, or a part-time employee’s two-workweek equivalent) of fully or partially paid sick leave for COVID-19 related reasons.

**Requested Leave Dates:** \_\_\_\_\_ to \_\_\_\_\_

**Please identify reason(s) for leave and provide additional information to support the reason(s) for leave where applicable:**

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- (1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- (2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- (3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- (4) I am caring for an individual who is subject to either number 1 or 2 above.
- (5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions; and/or,
- (6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

### **Emergency Paid Family Leave (Emergency FMLA Expansion Act)**

Eligible Employees may qualify for up to twelve (12) workweeks of leave to care for a child whose school or place of care has been closed, or a childcare provider is unavailable where employee is unable to work or telework.

**Requested Leave Dates:** \_\_\_\_\_ to \_\_\_\_\_

## Employee Statement Supporting Leave

I, [NAME] \_\_\_\_\_, provide the following information in support of my request for emergency paid sick leave (complete all that apply):

**Leave due to a school or place of child care closed due to COVID-19.**

**Please provide additional information certifying the reason(s) for leave:**

Name of Child(ren) being cared for: \_\_\_\_\_

Name of School, Place of Care, or Childcare Provider that has closed or become unavailable due to COVID-19-related reasons:

\_\_\_\_\_

I certify that no other suitable person will be caring for my child(ren) during the period for which I am taking leave:

\_\_\_\_\_ (please initial here)

**Leave due to a government-issued quarantine or isolation order.**

Name of the issuing government agency for the quarantine or isolation order:

\_\_\_\_\_

Effective dates of the order: \_\_\_\_\_ through \_\_\_\_\_

**Leave due to a health care provider's advice to self-quarantine.**

Name of the health care provider advising me or the individual I am caring for to self-quarantine: \_\_\_\_\_

Written documentation is available and attached:  Yes  No

Name of and relationship to the individual who I am needed to care for:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Leave due to a substantially similar condition specified by the secretary of health and human services.**

I certify I need leave due to a substantially similar condition to COVID-19 as specified by the secretary of health and human services.

\_\_\_\_\_ (please initial here)

I attest that the above information is accurate and complete and that I am unable to work (or telework) for the above reason(s).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For HR use only below this line**

\*\*\*\*\*

Eligibility verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifies for \_\_\_\_\_  hours  days at  2/3 pay

Qualifies for \_\_\_\_\_  hours  days at  full pay

Qualifies for \_\_\_\_\_  days at \$200 per day.

Qualifies for \_\_\_\_\_  days at \$511 per day.

Does not qualify. Reason

---

---