

# THE SCHOOL DISTRICT OF HERNANDO COUNTY, FLORIDA

## Request for Emergency Family and Medical Leave Act Expansion

(Requires Human Resources and School District Approval)

To request Emergency Family and Medical Leave as provided under the Families First Coronavirus Response Act, please complete the following request form and submit to your site administrator for signature and then forward to the human resources department as soon as possible before leave commences. Appropriate documentation, as noted below, must be included with leave request.

**Documentation supporting the need for leave must be included with this request, as described below.**

Employee Name (print clearly): \_\_\_\_\_

Site/Department: \_\_\_\_\_ Site Administrator: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

The amount of emergency paid sick leave being requested is \_\_\_\_\_ hours.

I am requesting this Emergency Family and Medical Leave due to my inability to work because (check the appropriate reason below):

- 1) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions; and,
  - I attest that no other suitable person is available to care for my child during the requested period of leave.
  - I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

I have attached appropriate documentation supporting my need for leave.

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

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Department Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMPENSATION PROVISIONS

If approved, the employee will be compensated for Emergency Family and Medical Leave at 2/3 their regular rate, up to \$200 per day.

If approved, I request to utilize my accrued leave to supplement the reduced compensation for this leave period.

- The leave will be applied in the following order of availability: accrued comp time, personal leave, sick leave (if leave is for #4) or vacation leave.

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

## Employee Statement Supporting Leave

I, \_\_\_\_\_, provide the following information in support of my request for Emergency Family and Medical leave expansion (complete all that apply):

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

Name of school or place of care:

\_\_\_\_\_

Name of child caregiver unavailable due to concerns related to COVID-19:

\_\_\_\_\_

Name and age of child or children I am needed to care for:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

No other suitable person is available to care for my child for the requested leave period due to:

\_\_\_\_\_

\_\_\_\_\_

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

\_\_\_\_\_

\_\_\_\_\_

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action. I understand appropriate documentation is required and attached.

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