

# FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

(For COVID-19 reasons only. See [US DOL Form WH1422](#) for further information. Available only through 12/31/ 2020.)

**Instructions: Check the box for only one of the six options below, and complete the required information below the applicable option. This form is for leave requests under FFCRA only. Requests to work remotely or for some other medically required accommodation should be submitted to Dr. John Correll [jcorrell@sd735.org](mailto:jcorrell@sd735.org) and Ellen Correll [ecorrell@sd735.org](mailto:ecorrell@sd735.org)**

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Primary Worksite: \_\_\_\_\_ Supervisor: \_\_\_\_\_

District Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date of Leave: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

I certify that I am unable to work because I am:

**Subject to a Federal, State, or local quarantine or isolation order related to COVID-19** (up to 2 weeks/80 hours of Emergency Paid Sick Leave at 100% of my regular rate of pay (capped at \$511 per day, or \$5,110 total))

Name of government entity ordering quarantine/isolation: \_\_\_\_\_

If subject to a District quarantine order, are you available and willing to work from home during the quarantine period, if such work is available?  Yes  No

**Advised by a health care provider to self-quarantine related to COVID-19** (up to 2 weeks/80 hours of Emergency Paid Sick Leave at 100% of my regular rate of pay (capped at \$511 per day, or \$5,110 total))

Name of healthcare provider advising self-quarantine: \_\_\_\_\_

**Experiencing symptoms of COVID-19 and seeking medical diagnosis** (up to 2 weeks/80 hours of Emergency Paid Sick Leave at 100% of my regular rate of pay (capped at \$511 per day, or \$5,110 total))

Symptom list: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

**Caring for an individual who is subject to an order described in (1) or (2) above** (up to 2 weeks/80 hours of Emergency Paid Sick Leave at 2/3 of my regular rate of pay (capped at \$200 per day, or \$2,000 total))

Name of government entity ordering quarantine/isolation **OR** Name of health care provider advising self-quarantine: \_\_\_\_\_

**Experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services** (up to 2 weeks/80 hours of Emergency Paid Sick Leave at 2/3 of my regular rate of pay (capped at \$200 per day, or \$2,000 total))

For any of the options on this page, I prefer to use my accrued paid leave (vacation, sick or personal days) and be paid at 100% of my regular rate of pay in lieu of using EPSL leave at this time.

# FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

**Caring for my child under 18 years of age whose school or place of care is closed, or whose child care provider is unavailable** (up to 12 weeks of combined Emergency Paid Sick Leave and Expanded Family Medical Leave at 2/3 of my regular rate of pay (capped at \$200 per day, or \$12,000 total), depending on my prior use of Emergency Paid Sick Leave and regular FMLA leave)

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

School or child care provider that is closed/unavailable: \_\_\_\_\_

Can another suitable person care for the child(ren) during the leave?  Yes  No

For the first 2 weeks of this childcare leave, I choose the following option:

- To use Emergency Paid Sick Leave so I can be paid at 2/3 of my regular rate of pay (capped at \$200 per day) (*this option is not available if I previously exhausted my 2 weeks of EPSL*)
- To use my accrued vacation days so I can be paid at 100% of my regular rate of pay
- To use my accrued personal days so I can be paid at 100% of my regular rate of pay
- Unpaid, as I previously exhausted my 2 weeks of Emergency Paid Sick Leave and my accrued paid leave days

I understand that any leave taken as designated Expanded Family Medical Leave under this option reduces my annual *regular* FMLA leave entitlement.

Check here if you previously received any COVID-related Emergency Paid Sick Leave. Employee

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

## FOR DISTRICT COMPLETION

1. Has the employee been employed in the District for at least 30 days?  
(If not, the employee is ineligible for the 10 additional weeks of E-FMLA leave) **YES / NO**
2. At the time of this request, the employee has \_\_\_\_\_ days/hours of Emergency Paid Sick Leave remaining and \_\_\_\_\_ weeks/hours of regular FMLA leave remaining.
3. Based on the answers above, is the employee eligible for the leave requested? **YES / NO**
4. If yes, they will be using \_\_\_\_\_ vacation days, \_\_\_\_\_ personal days, \_\_\_\_\_ EPSL days, \_\_\_\_\_ E-FMLA days, \_\_\_\_\_ unpaid days, and \_\_\_\_\_ other \_\_\_\_\_.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

## Family First Coronavirus Response Act FFCRA

What are the qualifying reasons for leave related to COVID-19 under FFCRA and what leave is available?

A school district is entitled to take leave related to COVID 19 if the employee is unable to work, including remote work, because the employee:

1. Is subject to a Federal, State or local quarantine or isolation order related to COVID 19;
2. Has been advised by a healthcare provider to self-quarantine related to COVID 19;
3. Is experiencing COVID 19 symptoms and is seeking a medical diagnosis;
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
5. Is caring for his or her child whose school or place of care is closed (or child care provider is unable) due to COVID 19 related reasons; or
6. Is experiencing any other substantially - similar condition specified by the U.S. Department of Health and Human Services.

Type of Leave Available	Qualifying Conditions	Rate of Pay	Maximum Pay
2 weeks paid sick leave to all employees	1, 2, 3	Full Rate of Pay	\$511 per day \$5,110 in the aggregate
2 weeks paid sick leave to all employees	4, 5	$\frac{2}{3}$ rate of pay	\$200 per day \$2000 in the aggregate
10 weeks of paid leave to employees who have worked at least 30 days	5	$\frac{2}{3}$ rate of pay	\$200 per day \$10,000 in the aggregate

## Families First Coronavirus Response Act (FFCRA) Leave Flow Chart (Effective April 1, 2020 to December 31, 2020)

### Emergency Paid Sick Leave (EPSL)



#### When an employee is:

1. Subject to a federal, state or local quarantine/isolation order related to COVID-19;
2. Advised by a health care provider to self-quarantine due to COVID-19 concerns;
  - *Need name of health care provider*
3. Experiencing symptoms of COVID-19 and seeking medical diagnosis;
4. Caring for an individual who is subject to a quarantine order or advised by a health care provider to self-quarantine due to concerns related to COVID-19;
  - *Need name of individual and relationship to employee, and name of health care provider*
5. Caring for a son or daughter if the child's school or place of care has been closed or the child's care provider is unavailable due to a COVID-19 related reason (*see info to be provided under FMLA Expansion*); or
6. Experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.



#### **Not Eligible:**

- \* Different reason for absence, check CBA or policy for other leave **OR**
- \* No work for employee **OR**
- \* Eligible for telework

#### **Eligible:**

- \* No telework option
- \* No minimum number of days employed

Full-time employees are eligible for up to 2 weeks (80 hours) of leave for a qualifying reason.

Part-time employees are eligible for up to the number of hours normally worked, on average, over a 2-week period.

EPSL must be applied first **before** any other leave.

Once EPSL is exhausted, check CBA or policy for other leave if employee still cannot return.



#### **EPSL is employer-paid leave.**

- \* For Nos. 1-3: 100% of employee's applicable pay rate (capped at \$511 p/day p/employee, \$5,110 aggregate).
- \* For Nos. 4-6: 2/3 of employee's applicable pay rate (capped at \$200 p/day p/employee, \$2,000 aggregate).

### Emergency FMLA Expansion



#### When an employee is:

Caring for a son or daughter if the child's school or place of care has been closed or the child's care provider is unavailable due to a COVID-19 related reason.



Employed for at least 30 days **AND** not eligible to telework

Employed for less than 30 days **OR** eligible to telework **OR** no work for employee



**Not eligible;** check CBA or policy for other leave options



#### Employee **must** provide:

- \* Name of son/daughter;
- \* Name of school, place of care or child's care provider that is closed/unavailable; and
- \* Representation that no other suitable person will be caring for son/daughter during period of leave.



If criteria is met, employee is **eligible** for up to a total of 12 workweeks of job-protected leave between April 1 and December 31, 2020.

- \* First 2 weeks are unpaid, but employee may substitute available paid leave (i.e. EPSL).
- \* Remainder of qualifying leave is **paid by the employer** at 2/3 of employee's applicable pay rate (capped p/employee at \$200 p/day, \$2,000 in aggregate).
- \* Block leave, unless employer agrees to intermittent leave.
- \* Check employee's use of FMLA for other qualifying reasons during the applicable FMLA year.

**EMPLOYEE CONTRACTS COVID-19 OR EXHIBITS COVID-19 SYMPTOMS OR EMPLOYEE HAS CLOSE CONTACT\* WITH COVID-19 CASE**

*\*The term "close contact" means the employee was, for at least 15 minutes, within 6 feet of an individual who has COVID-19. Immediately reference Protocols for When a Staff Member Tests Positive for COVID-19 document*

	<b>Phase 1, 2 &amp; 3 Rapid Spread - Flattening Recovery</b>	<b>Phase 4 Revitalization</b>	<b>Phase 5 Illinois Restored</b>
	<i>Remote Learning</i>	<i>Schools open with IDPH approved safety guidance and procedures</i>	<i>School open resuming normal operations with new safety guidance and procedures.</i>
<b>Executive Order</b>	<ul style="list-style-type: none"> <li>• No medical confirmation required if staff can work from home. Staff paid 100%.</li> <li>• If staff cannot work from home, regular leave requirements apply. (Reference the <u>Families First Coronavirus Response Act</u>)</li> </ul>		
<b>Local Control</b>	<ul style="list-style-type: none"> <li>• No medical confirmation required if staff can work from home. Staff paid 100%.</li> <li>• If staff cannot work from home, regular leave requirements apply. (Reference the <u>Families First Coronavirus Response Act</u>)</li> </ul>	<ul style="list-style-type: none"> <li>• Medical confirmation required and accommodations may be considered. If accommodations can be made, staff pay will reflect time worked.</li> <li>• If accommodations cannot be agreed upon, then regular leave requirements apply. (Reference the <u>Families First Coronavirus Response Act</u>)</li> </ul>	<ul style="list-style-type: none"> <li>• Medical confirmation required and accommodations may be considered. If accommodations can be made, staff pay will reflect time worked.</li> <li>• If accommodations cannot be agreed upon, then regular leave requirements apply. (Reference the <u>Families First Coronavirus Response Act</u>)</li> </ul>