**Families First Coronavirus Response Act Leave Request**

Employee Name Job Title/Work Location

**Type of Request:** *Select all that apply.*

**Emergency Paid Sick Leave (self)**  **Dates of leave**: to

€ Employee is unable to work due to government issued quarantine or isolation order. The government agency issuing the quarantine or isolation order is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Please provide documentation received by the government agency if any)

€ Employee has been advised to self-quarantine by a healthcare provider and is unable to work. The health care provider’s name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

€ Employee is experiencing symptoms of COVID-19, seeking diagnosis and unable to work.

€ Employee is experiencing “a substantially similar condition” as specified by certain federal agencies and is

unable to work.

**Emergency Paid Sick Leave (care of others)** **Dates of leave:** to

€ Employee is caring for someone subject to government issued quarantine, isolation order or is caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19 and is unable to work. The name and relationship to the person I am caring for is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (provide name and relationship to employee)

€ Employee is caring for a minor child whose school or childcare is closed or unavailable “due to COVID-19

precautions” and is unable to work. (Please provide the names and ages of children in the section below)

**Expanded Family Medical Leave** **Dates of leave**: to

€ Employee has been employed for at least 30 days

€ Leave is required to care for a minor child due to a school or childcare closure caused by public health emergency and employee is unable to work. (Please provide notice of closure or unavailability from your child’s school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider)

By signing below, I am certifying that my children have no other person to care for them at home due to their school and/or childcare closure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Names and Ages of Minor Children)

€ My child(ren) is/are over the age of 14 and special circumstances exist which require me to care for them during daylight hours.

My signature below certifies that I meet the criteria listed above and qualify for Emergency Paid Leave as I am **unable to work, either at an assigned work site or in a remote assignment offered by the District.** I will provide medical provider certification for all Emergency Paid Sick Leave (self and care of others) requests.I understand that if I do not provide the documentation required above or cannot otherwise verify my eligibility for Emergency Paid Leave the District may deny my leave request or require repayment of leave benefits.

Signature Date

Supervisor Date

**For HR use only below this line**

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Eligibility verified by: Date:

Qualifies for € hours € days at full pay (not to exceed $511 per day)

Qualifies for € hours € days at 2/3 pay (not to exceed $200 per day)

€ Does not qualify. Reason

**Completed copy to Employee and Payroll**