COVID-19 FAMILIES FIRST LEAVE REQUEST FORM

EMPLOYEE NAME: _____

POSITION: _____ SCHOOL/LOCATION:_____

By requesting leave under the Families First Coronavirus Response Act, I certify that I am unable to work, including unable to telework (work from home) for the following reason:

☐ 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 related to COVID-19.

☐ 3. I am experiencing COVID-19 symptoms and I am seeking a medical diagnosis.

☐ 4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2).

☐ 5. I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.

☐ 6. I am experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

Please provide a doctor's note or appropriate documentation with this form.

I understand that if I qualify for leave under:

Reasons 1-3, this entitles me to an additional two weeks of paid sick leave paid at the higher of either my regular rate of pay or Federal minimum wage, limited to no more than $511 daily.

Reasons 4 or 6, this entitles me to an additional two weeks of paid sick leave paid at the higher of either 2/3 of regular rate of pay or Federal minimum wage, limited to no more than $200 daily.

Reason 5, this entitles me to an additional two weeks of paid sick leave at the higher of either 2/3 of regular rate of pay or Federal minimum wage limited to no more than $200 daily. If I have been employed for at least 30 days prior to this leave request, I may be eligible for up to an additional 10 weeks of family medical leave under the same partial (2/3) rate of pay.

_____ _____ _____

Employee Signature Employee phone number Date

Recommended by: _____ _____

Principal/Supervisor Signature Date

_____ _____

Human Resources Specialist Signature Date

Approved by: _____ _____

Director of Schools Signature Date