



Families First Coronavirus Response Act (FFCRA) Emergency Paid Sick Leave Request

Employee First Name:	Employee Last Name:	Last 4 Digits of Social Security#:	
School/Department:	Position/Grade Level/Subject:	Telephone Phone Number(s):	
Home Address:	City:	State:	Zip:

Under the FFCRA Full-time employees may use upto two weeks or 80 hours of paid sick leave. Part-time employees receive a prorated amount of time equivalent to their percentage of Full-time status. Temporary employees may receive up to the number of hours worked on average, over a six-month period.

Emergency Paid Sick Leave Requested - Reason 1, 2 or 3 (Select one of the options listed below if you are unable to telework):

- Reason 1 - Subject to Federal, State or Local quarantine order related to COVID-19. Provide the name of the entity issuing the order: _____
- Reason 2 - Advised by your Healthcare provider to self-quarantine related to COVID-19. Provide a note from your Healthcare provider.
- Reason 3 - Experiencing COVID-19 symptoms and you are seeking a medical diagnosis. Provide a note from your Healthcare provider.

For the above leave reasons 1, 2 or 3: Pay will be at 100% regular rate of pay including non-discretionary compensation.

Emergency Paid Sick Leave Requested - Reason 4, 5 or 6 (Select one of the options listed below if you are unable to telework):

- Reason 4 - To care for a dependent who is required to self-quarantine by a Healthcare provider or subject to a Federal, State or Local quarantine.
Provide a note from Healthcare provider or provide name of the entity issuing the order: _____
- Reason 5 - To care for a dependent child whose school or childcare facility/provider is closed or unavailable due to COVID-19.
Provide a note from dependant care provider or child(rens) name and name of public school: _____
- Reason 6 - Experiencing substantially similar condition(s) as specified by the US Secretary of Health and Human Services and the Department of Labor. Provide a note from your Healthcare provider.

For the above leave reasons 4 or 6: Pay will be at 2/3 of the employee's regular rate of pay up to 80 hours. An employee may supplement the 2/3 pay with 1/3 of their own personal leave to achieve their full pay not to exceed \$200 daily.

For the above leave reason 5: Initial 80 hours is unpaid. However, the employee may use paid sick leave under EPSLA to receive 2/3 of the regular rate of pay, up to 80 hours (or accrued leave if EPSLA has been exhausted). Employees may use EFMLEA to receive 2/3 regular rate of pay based on the employees remaining FML entitlement, not to exceed 10 weeks. An employee may supplement the 2/3 pay with 1/3 of their own personal leave to achieve their full pay. Paid reason #5 at 2/3 pay not to exceed \$200 daily.

I am requesting my FFCRA leave to begin: _____	I am requesting my FFCRA leave end at the conclusion of the day on: _____
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Request to Supplement Pay with available leave to achieve 100% Pay:

- No, I do not wish to supplement my leave to achieve 100% pay.
- Yes, I do wish to supplement with available leave to achieve 100% pay. To supplement my pay I wish to use my available leave as numbered below (Please number from 1-4 with number 1 being the first type of leave you wish to use; once a leave type is exhausted the next will be used):

___ Sick Leave ___ Annual Leave ___ Bonus Leave ___ Special Bonus Leave

Employee Signature: _____ Date: _____

Principal/Director Signature: _____ Date: _____

----- DO NOT WRITE BELOW THIS LINE ----- RESERVED FOR THE DEPARTMENT OF HUMAN RESOURCES ONLY ----- DO NOT WRITE BELOW THIS LINE -----

<input type="checkbox"/> Approved for FFCRA. Eligible for Reason: <input type="checkbox"/> Reason 1 <input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3 <input type="checkbox"/> Reason 4 <input type="checkbox"/> Reason 5 <input type="checkbox"/> Reason 6
<input type="checkbox"/> Denied FFCRA Ineligible. Denial Reason: _____

Executive Director of Human Resources Signature: _____ Date: _____