



# FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST

The Families First Coronavirus Response Act was signed into law on March 18, 2020. Effective April 1, 2020 employees may request sick leave under the Emergency Paid Sick Leave Act (“EPSLA”) and the Emergency Family and Medical Leave Expansion Act (“E-FMLA”). These Acts terminate on December 31, 2020.

Employees may only request leave under these Acts if he/she is unable to work or telework due to COVID-19 related issues. All current employees who fit into one of six categories below may be eligible for up to 80 hours of paid sick leave under the Emergency Paid Sick Leave Act. However, employees requesting more than two weeks leave under the emergency FMLA provision due to the closure of their son or daughter’s school or daycare must have been employed by the District at least 30 days prior to receiving the initial leave.

**PLEASE PRINT**

<b>Name (do not use nicknames):</b>	
<b>Last 4 of SS#:</b>	
<b>Position Title:</b>	<b>Pay Type:</b>
<b>Cost Center Name:</b>	<b>Code:</b>
<b>Supervisor’s Name:</b>	<b>Phone Number:</b>

I am requesting leave for the following reason:

\_\_\_\_\_ I am unable to work or telework and have been quarantined at the advice of a health care provider due to COVID-19 concerns. (Physician statement must be attached)

\_\_\_\_\_ I am unable to work or telework and have been ordered by the government to quarantine or self-isolate due to COVID-19 concerns.

\_\_\_\_\_ I am unable to work or telework and am experiencing COVID-19 symptoms and seeking a medical diagnosis. (physician statement must be attached)

\_\_\_\_\_ I am unable to work or telework because I am caring for an individual subject to quarantine by the government or a healthcare provider due to COVID-19 concerns. (physician statement must be attached)

Name of person I am caring for \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ I am unable to work or telework because my minor son or daughter’s school or daycare is closed or unavailable for reasons related to COVID-19. Additional documentation to continue leave under E-FMLA may be required.

Name of child I am caring for \_\_\_\_\_ School or Daycare \_\_\_\_\_

Dates I am requesting leave for: \_\_\_\_\_

**FOR LEAVE ACCOUNTING USE ONLY  
DO NOT WRITE BELOW THIS LINE**

Leave approved/denied under EPSLA	Leave approved/denied under E-FMLA (up to 2 weeks)	Leave approved/denied under E-FMLA (3-12 weeks)	Recipient’s hourly/daily rate of pay

**Benefits Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_