



COVID-19 LEAVE FORM

Employee's Name: _____ Date: _____

School/Department: _____ Positions(s): _____

I am requesting a leave of absence for the following length of time:

Consecutive Absences: Start Date: _____ End Date: _____ Total Hours: _____

Intermittent Absences: Start Date: _____ End Date: _____ Total Hours: _____

Families First Coronavirus Response Act (FFCRA) Paid Sick Leave: Two weeks (up to 80 hours) effective April 1, 2020 through ~~December 31, 2020~~ March 31, 2021.

FFCRA Leave requests should be sent with supporting documentation to Human Resources for processing and should be taken in full or half-day increments. Employees must have been employed at least 30 days prior to the leave request.

Select one of the following:

- 1. I am subject to a governmental quarantine or isolation order related to COVID-19 (**full pay rate**, not to exceed \$511 daily).
- 2. I have been advised by a health care provider to self-quarantine related to COVID-19 (**full pay rate**, not to exceed \$511 daily).
- 3. I am experiencing COVID-19 symptoms and seeking a medical diagnosis (**full pay rate**, not to exceed \$511 daily).
- 4. I am caring for an individual subject to a governmental order to quarantine or isolation order, or am caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19 (**2/3 daily rate**, not to exceed \$200 daily). (Immediate family members in your home.)
- 5. I am caring for a child whose school or place of care is closed for reasons related to COVID-19 (**2/3 daily rate**, not to exceed \$200 daily).

Families First Coronavirus Response Act (FFCRA) Expanded Family and Medical Leave: (up to 12 weeks) effective April 1, 2020 through ~~December 31, 2020~~ March 31, 2021 (for COVID-19 related childcare needs)

I am requesting up to 12 weeks of expanded family and medical leave. I understand that the first two weeks of this leave is unpaid unless I have indicated a preference to substitute with paid leave below, and I understand that after the first two weeks, I will be paid **at two-thirds my regular rate of pay**, not to exceed \$200 daily. I have been employed for at least 30 calendar days, and I am unable to work due to a bona fide need for leave to care for a child (under 18 or an adult child with a disability who is incapable of self-care) whose school or child care provider is closed or unavailable for reasons related to the COVID-19 emergency as declared by governmental authority. IF YOU SELECT THIS OPTION, please also check ONE of the three options below:

- I would like to substitute FFCRA Paid Sick Leave during my first two weeks of leave so that I may be paid at 2/3 my daily rate of pay, subject to any supplement requested on page 2.
- I would like to substitute accrued annual leave during my first two weeks of leave so that I may be paid at my full daily rate of pay.
- I do NOT want to substitute paid leave during the first two weeks of leave. I understand that the first two weeks of leave will be unpaid.

Supplementing FFCRA Sick Leave or FFCRA Expanded FMLA with Accrued Leave When the Employee Will Receive 2/3 Pay

***You do not have to complete this section if you have requested leave at full pay for reasons 1-3 on Page 1.**

The FFCRA entitlement allows eligible employees to apply accrued leave toward absences where employees would only receive 2/3 of their daily rate of pay. **Supplementing leave to remain in fully paid status is not automatically granted.** Employees interested in using accrued leave to supplement partial pay for an eligible FFCRA leave reason should complete the applicable section below.

- I would like to supplement my FFCRA leave at 2/3 pay with my available accrued SICK leave. I understand my request to supplement pay with sick leave cannot be reversed once my FFCRA leave has been processed. In addition, I also understand sick leave will only be applied in accordance with Board policy.
- I would like to supplement my FFCRA leave at 2/3 pay with my available accrued ANNUAL leave. I understand my request to supplement pay with annual leave cannot be reversed once my FFCRA leave has been processed. In addition, I also understand annual leave will only be applied in accordance with Board policy.
- I do NOT want to supplement FFCRA leave with eligible, accrued leave. I understand that any leave will be paid at less than my daily rate of pay.

Employees who do not choose to have accrued leave be applied to supplement pay cannot submit a request to supplement after the FFCRA leave is processed.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

NOTE: Should any of the above FFCRA leave not be applicable or has already been exhausted, then this absence may be charged to employee's other available leave or be without pay.