



FFCRA LEAVE REQUEST FORM – EMERGENCY PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE

Last Name	First Name
Department/Campus	Position
Email	Phone number
Date	Date Leave Commenced

Leave benefits under the Families First Coronavirus Response Act (FFCRA) apply for the limited time period of April 1, 2020 to December 31, 2020. The amount of paid leave an employee may receive will vary depending on the reason leave is taken. Detailed information is available in the Employee Rights notice that can be found on the EMS ISD website: Human Resources>Employee Forms and Information>Leaves and Absences>Family First Coronavirus Response Act (FFCRA).

An employee requesting Emergency Paid Sick Leave and Expanded Family and Medical Leave must complete this form and return it to Amber Galloway, Personnel Specialist, as soon as the need for leave is identified. Documentation supporting the need for leave should be included when the request is submitted. This form can be returned to Amber Galloway via email at emp_relations@ems-isd.net.

Emergency Paid Sick Leave (EPSL) is limited to 80 hours of paid leave at the following rates:

- Self: regular rate of pay up to \$511 per day
- For care of an individual or a son or daughter: two-thirds the regular rate of pay up to \$200 per day

Expanded Family and Medical Leave (EFML) provides up to 12 weeks of leave to care for a son or daughter when school is closed or childcare is unavailable due to COVID-19. The first two weeks are unpaid, although the employee may access EPSL or other paid leave during this time. The remaining 10 weeks is two-thirds the regular rate of pay up to \$200 per day.

I request leave for the following reason(s):

Self

___ I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of entity requiring quarantine or isolation: _____

___ I have been advised to self-quarantine by a health care provider.

Name of health care provider requiring quarantine or isolation: _____

*Provide healthcare certification advising self-quarantine.

___ I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

Name of health care provider: _____

___ I am experiencing any other substantially similar conditions specified by the U.S. Department of Health and Human Services.

I request leave for the following reason(s):

Care for other individual or child

____ I am unable to work in order to care for a minor son or daughter because their school is closed or child care is not available due to COVID-19.

Name of school or child care facility: _____

Are you the only adult caring for the child(ren): ____yes ____no

Name and age of child(ren): _____

If the son or daughter is over the age of 14 describe special circumstance requiring the care:

____ I am unable to work in order to care for an individual subject or advised to quarantine or isolate.

Name of individual: _____ Relationship: _____

Use of Leave

EPSL Leave:

____ I choose to use accrued paid leave to "top off" the 2/3 pay covered by EPSL , so I receive 100 percent of my regular rate of pay.

EFML:

____ I understand I am required to use my accrued state and local leave concurrently with EFML. When accrued leave is exhausted, I will receive 2/3 pay for any remaining EFML.

For questions regarding the use of leave, contact Courtney Baker in the payroll department at cbaker@ems-isd.net.

Employee Signature: _____ Date: _____

Designation (completed by HR Department):

____ The employee qualifies for EPSL.

____ The employee does not qualify for EPSL.

____ The employee qualifies for ____ weeks of EFML.

____ The employee does not qualify for EFML.

For office use only:

Date of Employment _____

Medical certification provided Yes No

Return to Work Release Received Yes No

Date Returned to work _____

FFCRA Received: _____

FFCRA Start Date: _____

FFCRA End Date: _____

