

Office of Human Resources
Request for Leave of Absence-Families First
Coronavirus Response Act



Employees are required to notify HR if they will be absent for any reason listed below.

Section 1: PERSONAL INFORMATION (Staff Member completes Sections 1 and 2 and returns completed form to HR/Benefits Specialist)

Last Name:	First Name:	DEN:
Home Address:	Work Phone:	Building/Department:
Date Submitted:	Phone:	Job Title:

I hereby certify that the below statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. I understand that it is the employee's responsibility to notify their building principal and/or administrator of the expected leave of absence.

Employee Signature:

Section 2: STAFF MEMBER: Check the type of leave and provide information as requested

I request that my leave begin on _____ and end on _____
(If necessary, give approximate dates)

Families First Coronavirus RESPONSE Act – Emergency Family Medical Leaves.
(requested medical certifications must be returned within 15 days of receipt)

<input type="checkbox"/> Employee Illness- Emergency Paid Sick Leave Act (up to 80 hours, employee pay may not exceed \$511/day)	<input type="checkbox"/> Employee is subject to a Federal, state or local quarantine or isolation order related to COVID-19. <input type="checkbox"/> Employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19. <input type="checkbox"/> Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
<input type="checkbox"/> Child/Parent/Spouse Illness- Emergency Paid Sick Leave Act (up to 80 hours, employee pay may not exceed \$200/day)	<input type="checkbox"/> Employee is caring for an individual who is subject to a Federal, state or local quarantine or isolation order related to COVID-19. <input type="checkbox"/> Employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable due to COVID-19 precautions. <input type="checkbox"/> Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.
<input type="checkbox"/> Emergency Family Medical Leave Expansion Act (up to 12 weeks, runs concurrent with Paid Sick Leave Act, eligible employees will receive 2/3rds regular rate of pay, not to exceed \$200/day)	<input type="checkbox"/> Leave must be to care for the employee's minor child due to the child's school or child care center being closed or unavailable due to a public health emergency with respect to COVID-19.

Personal Leaves (not EFMLA eligible or not EFMLA related)

<input type="checkbox"/> Medical (non-FMLA) (Only available for staff member's own illness/injury)	Certification from Health Care Provider (Form WH-380-E) (Must include date condition began, probable duration, facts regarding staff member's medical condition and inability to work)
<input type="checkbox"/> Other Personal	Explanation of Request

Section 3: HR/BENEFITS SPECIALIST USE ONLY

Signature:	Date:
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