



Families First Coronavirus Response Act Leave Request

Employee Name

Job Title/Work Location

Type of Request: *Select all that apply.*

Public Health Emergency Paid Family Leave **Dates of leave:** _____ to _____

- Employee has been employed for at least 30 days
- Leave is required to care for a minor child due to a school or childcare closure caused by public health emergency and employee is unable to work.

Emergency Paid Sick Leave (self) **Dates of leave:** _____ to _____

- Employee is unable to work due to government issued quarantine or isolation order.
- Employee has been advised to self-quarantine by a healthcare provider and is unable to work.
- Employee is experiencing symptoms of COVID-19, seeking diagnosis and unable to work.
- Employee is experiencing “a substantially similar condition” as specified by certain federal agencies and is unable to work.

Emergency Paid Sick Leave (care of others) **Dates of leave:** _____ to _____

- Employee is caring for someone subject to government issued quarantine, isolation order or is caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19 and is unable to work.
- Employee is caring for a son or daughter whose school or childcare is closed or unavailable “due to COVID-19 precautions” and is unable to work.

My signature below assures that I meet the criteria listed above and qualify for Emergency Paid Leave as I am **unable to work, either at an assigned work site or in a remote assignment offered by the District.**

Signature Date

For HR use only below this line

Eligibility verified by: _____ Date: _____

Qualifies for _____ hours days at 2/3 pay

Qualifies for _____ hours days at full pay

Qualifies for _____ days at \$200 per day.

Qualifies for _____ days at \$511 per day.

Does not qualify. Reason _____

Completed copy to Employee and Payroll