

Employee Request for Coronavirus Leave

Name of Employee:	Job Position:	Job Location:

A. 4430.02 & 3430.02 CORONAVIRUS LEAVE

The federal “Emergency Paid Sick Leave Act” (EPSLA), a part of the Families First Coronavirus Response Act (FFCRA), expired on December 31, 2020. In order to provide leave for employees during the ongoing pandemic, The Board of Education enacts the following provisions to provide Coronavirus Leave to any full-time employee of the Board. A full-time employee is a person who has a regular position or job throughout his/her employment term working more than three and one-half (3 1/2) hours per day.

The Coronavirus Leave is an extension of the FFCRA; therefore, any leave utilized under either Act/Policy is cumulative and a total of eighty (80) hours is the maximum leave available.

B. QUALIFYING REASONS FOR CORONAVIRUS LEAVE and SUPPORTING DOCUMENTATION/INFORMATION

The chart below lists five (5) qualifying reasons for Coronavirus Leave. To qualify for Coronavirus Leave, you must be unable to come to work or to work from home (telecommute) due to one of these reasons. Please circle (in the first column) the reason you qualify for Coronavirus Leave. The third column lists documentation you must provide to support your request. If documentation is unavailable, you may provide the information requested and certify that such information is true and accurate by your signature at the end of this form. For medical documentation, please review the clarification at the end of this form.

Select	Covered Reason for Coronavirus Leave (please select one)	Documentation or Certification Required
1.	I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.	Identify relevant Order received: _____
2.	I have been advised by a health care provider (HCP) to self-quarantine due to concerns related to COVID-19.	Medical documentation of advisement is attached: Yes No <i>Or</i> , provide name and contact info of advising HCP: _____ Date of contact with HCP: _____
3.	I am experiencing symptoms of COVID-19, and I am in the process of seeking a medical diagnosis.	Medical documentation of my diagnosis, or my efforts to see a diagnosis, is attached: Yes No <i>Or</i> , provide name and contact info of HCP contacted: _____ Date of contact with HCP: _____
4.	I am caring for an individual subject to an order as described in Reason #1, or who has been advised by a HCP to self-quarantine due to concerns related to COVID-19.	Identify relevant Order received: _____ _____ <i>Or</i> – Medical documentation of advisement is attached: Yes No <i>Or</i> , provide name and contact info of advising HCP: _____ Date of advisement by HCP: _____
5.	I am caring for my son or daughter because their school or place of care has been closed, or their childcare provider is unavailable, due to COVID-19 precautions.	Documentation of closure notification is attached: Yes No <i>Or</i> , provide name and contact info of school/childcare center: _____ <i>By signing below, I certify that, as a result of the closure, I cannot work or telecommute. My spouse or significant other is unable to care for my son or daughter in lieu of me, and is not receiving Coronavirus Leave at the same time as me.</i>

<p>C. EXPLANATION OF BENEFITS AVAILABLE</p> <p>Full-time employees are eligible for up to <u>80 hours</u> of Coronavirus Leave. Part-time employees may receive up to 2 weeks, based on the prior 2-week average. Rate of pay during Coronavirus Leave, depends on the reason for the leave, and certain caps apply.</p> <ul style="list-style-type: none"> • For CL per Reasons 1-3, you will receive full current pay (wages or salary, as applicable), capped at \$510.00 per day, up to a maximum of \$5,110 for the full period. • For CL per reasons 4-5, you will receive two-thirds (2/3) of your current pay (wages or salary), capped at \$200.00 per day, up to a maximum of \$2,000 for the full leave period.

<p>D. AMOUNT OF LEAVE REQUESTED</p> <p>CL may be requested for a <u>consecutive</u> period (e.g., 2 consecutive weeks), or it may be used as needed on different days (up to the maximum hours permitted). You may use CL in increments of at least 4 hours. The Board will provide up to eighty (80) hours of paid leave to employees who have met the qualifying circumstances. Once the eighty (80) hours of FFCRA or Coronavirus Leave are utilized, employees will be required to utilize personal leave.</p>						
<table border="1"> <tr> <td>What is your requested start date?</td> <td></td> </tr> <tr> <td>How many hours are requested? (up to 80 hours for FT employees)</td> <td></td> </tr> <tr> <td>If consecutive days are not requested, list dates (<i>if known at this time</i>) of all days (or half-days of 4 hours) that you request for CL.</td> <td></td> </tr> </table>	What is your requested start date?		How many hours are requested? (up to 80 hours for FT employees)		If consecutive days are not requested, list dates (<i>if known at this time</i>) of all days (or half-days of 4 hours) that you request for CL.	
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<p>E. HOW TO SUBMIT THIS FORM</p> <p>Please sign and submit this form to HR by (1) hand delivery, or (2) email. If submitting by email, attach as a PDF. If you cannot create a PDF, attach a <i>legible</i> photograph of the form, taken on a smart phone.</p>

<p>F. CERTIFICATION BY EMPLOYEE</p> <p>I certify that the information I provided above is true and correct, and that any documentation I submitted is true and correct. I understand that my failure to provide truthful information on this form, or my usage of Coronavirus Leave for any purpose other than those described above, may result in disciplinary action, including termination.</p> <p>Signature: _____ Date: _____</p>
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<p>G. IMPORTANT INFORMATION</p> <p>MEDICAL DOCUMENTATION: If you submit medical documentation in support of your request, it should be signed by a licensed HCP and state that you qualify under one of the designated reasons for CL. Such documentation <u>need not include</u> any explanation about a particular illness, injury, or other medical condition. You <u>do not need</u> to provide personal medical information. Moreover, recognizing the difficulty of obtaining medical documentation in the current environment, the alternative information requested may be sufficient to support your request.</p> <p>OTHER LEAVE: The company will not require you to use any other type of paid leave prior to using Coronavirus Leave.</p> <p>EXPIRATION: Coronavirus Leave is available starting January 1, 2021. You will not be entitled to cash out unused Coronavirus Leave.</p>
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<p>H. DOCUMENTATION REQUIREMENTS</p> <p>The employee must provide the documentation described in this Policy in order to be eligible for Coronavirus Leave. Failure to provide documentation will result in denial of Coronavirus Leave.</p>
