

**MCGREGOR PUBLIC SCHOOLS**

148 S 2<sup>ND</sup> STREET, MCGREGOR, MN 55760

Office (218)768-2111 Fax (218)768-3901

www.mcgregor.k12.mn.us

Superintendent, Bradley Johnson | Principal, Robert Staska

Business Manager, Shauna Dalchow | Dean of Students, Ryan Dillner



**Families First Coronavirus Response Act (FFCRA) Expanded FMLA Form**

Name Job Title Date

Please check the box next to the provision of FFCRA which applies to you from options 1-5 below. You must fill out ALL ITEMS in the option that you choose COMPLETELY. Also, don't forget to SIGN THE BOTTOM. Turn form in to District Office.

Under the FFCRA, an employee qualifies for expanded family and medical leave if the employee is unable to work (or unable to telework) due to a need for leave because the employee:

- 1. **Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.** A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period. **DOCUMENTATION OF ORDER REQUIRED – PLEASE ATTACH.** A doctor's clearance to return to work will also be required.

Agency Ordering Isolation/Quarantine \_\_\_\_\_

- 2. **Has been advised by a health care provider to self-quarantine related to COVID-19.** A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period. **DOCTOR'S NOTE REQUIRED – PLEASE ATTACH.**

Name of Clinic/Hospital \_\_\_\_\_ Dr. \_\_\_\_\_

- 3. **Is experiencing COVID-19 symptoms and is seeking a medical diagnosis.** A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period. **DOCTOR'S NOTE REQUIRED – PLEASE ATTACH.** A doctor's clearance to return to work will also be required.

Name of Clinic/Hospital \_\_\_\_\_ Dr. \_\_\_\_\_

- 4. **Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2).** A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period. Employees taking leave are entitled to pay at 2/3 their regular rate. **DOCTOR'S NOTE REQUIRED – PLEASE ATTACH.**

Name of Person Requiring Care \_\_\_\_\_ Relationship to Employee \_\_\_\_\_

Name of Clinic/Hospital \_\_\_\_\_ Dr. \_\_\_\_\_

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5. **Is caring for a child whose school or place of care is closed** (or child care provider is unavailable) for reasons related to COVID-19. A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave for everyone followed by up to 10 weeks of paid expanded family & medical leave if worked for district at least 30 days) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period. Employees taking leave are entitled to pay at 2/3 their regular rate. An employee may elect to substitute any accrued vacation leave, personal leave, or medical or sick leave for the first two weeks of partial paid leave under this section. Please note, if your children are school age, they may be brought to the school for child care and you are **NOT** eligible for this provision.

Name of Child Requiring Care	Date of Birth (must be under 18 yrs. old)	Relationship To Child (must be parent or legal guardian)
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For the first two weeks of this leave, you may receive: (please choose one, you may not do both)

- 2/3 of your pay under the FFCRA sick leave provision **OR**  
 Take your accumulated paid sick, vacation, personal, or comp. leave to receive a full pay check.  
 Please indicate, in order of preference, leaves you would like to use for this purpose:

\_\_\_\_\_

6. **Is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.** A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period. Employees taking leave are entitled to pay at 2/3 their regular rate.

Explanation Required \_\_\_\_\_

I hereby **certify** that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*NOTE:** Paid sick time provided under this Act does not carryover from one year to the next. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment. The FFCRA leave time is calculated in conjunction with regular FMLA leave limits and its use is applied toward the 12 week total limit per year.