



**FLOODWOOD SCHOOL**  
**P. O. BOX 287**  
**115 WEST 4TH AVENUE**  
**FLOODWOOD, MN 55736 - 0287**  
**www.isd698.org**  
**TELEPHONE 218.476.2285**  
**FAX 218.476.2813**

**Dr. Rae Villebrun, Superintendent    rvillebrun@isd698.org**

## **INSTRUCTIONS:**

**This form should only be filled out if you are unable to work from home.**

To request a leave under the Families First Coronavirus Response Act (FFCRA):

- Please review and complete the form below.
- Once completed, please submit this form to Rae Villebrun, Superintendent.
- Please be sure to include requested documentation with the form, if possible.
- You will receive follow-up once your request has been reviewed and a determination has been made if it is approved or denied.
- We may request for additional information if needed to determine FFCRA eligibility.

Prior to your return:

- Please notify Rae Villebrun, Superintendent before you return to work.

Thank you!



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## FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

(You must complete this form if asking for benefits under the FFCRA)

<b>Name</b>		<b>Employee #</b>		<b>Home Phone</b>	
<b>Position</b>		<b>Location</b>		<b>Supervisor</b>	
<b>Absence Information:</b> <input type="checkbox"/> This is a new request <input type="checkbox"/> This is an update or change to an existing request					
<b>Requested Dates</b>	<b>Start:</b>		<b>Anticipated Return:</b>		
Type of leave: <input type="checkbox"/> Medical <input type="checkbox"/> Child Care					
<b>M E D I C A L</b>	<b>Employee's Leave (please check 1 box)</b> <input type="checkbox"/> Subject to Quarantine by Federal/State/Local Quarantine order <input type="checkbox"/> Advised to Self-Quarantine <b>Documents Requested: Copy of Quarantine Notice or recommendation to self-quarantine</b>				
	<input type="checkbox"/> Have an underlying condition that puts you at high-risk per the CDC, except age (unless you have a different underlying condition in addition to age) <b>Documents Requested: Anything that would show that diagnosis, including past visit summaries from on-line medical charts</b>				
	<input type="checkbox"/> Have been diagnosed with COVID-19 or are seeking diagnosis <b>Documents Requested: If possible, doctor's visit summary/appointment notice</b>				
	<input type="checkbox"/> Family Medical to care for _____ who is subject to quarantine, or advised to self-quarantine due to concerns related to COVID-19 (state relationship of person to you.) <b>Documents Requested: Copy of Quarantine Notice or recommendation to self-quarantine</b>				
<b>C H I L D C A R E</b>	<input type="checkbox"/> Childcare Leave to care for employee's own child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons <b>Documents Requested: Documentation of child care closing</b>				

<b>Employee Signature</b>		<b>Date</b>	
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**For Administrative use:**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Request More Information			
<b>Administrative Signature</b>		<b>Date</b>	