

LEMOORE UNION ELEMENTARY SCHOOL DISTRICT
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
LEAVE REQUEST FORM

Name _____ Position _____

Site/Department _____

I am requesting the following:

- Leave under the **Emergency Family Medical Leave Expansion Act**
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 or telework.

- Leave under the **Emergency Paid Sick Leave Act (self)**
Dates of leave: _____ **to** _____
- Employee is unable to work or telework due to government issued quarantine or isolation order.
 - Employee has been advised to self-quarantine by a healthcare provider and is unable to work or telework.
 - Employee is experiencing symptoms of COVID-19, seeking diagnosis and unable to work or telework.
 - Employee is experiencing “a substantially similar condition” as specified by certain federal agencies and is unable to work or telework.

- Leave under the **Emergency Paid Sick Leave Act (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 or telework.
 - 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 or telework.

Statement representing that the employee is unable to work or telework because of the COVID-19 qualifying reason:

The undersigned Employee acknowledges, understands, and agrees that:

1. Emergency Paid Sick leave (self) and Emergency Paid Sick Leave (others) combined may not exceed 2 weeks total.
2. An employee may take leave to care for his or her child under the EFMLEA or the EPSLA only when the employee needs to, and actually is, caring for his or her child. Generally, an employee does not need to take such leave if another suitable individual, such as a co-parent, co-guardian, or the usual child care provider, is available to provide the care the employee’s child needs.
3. Where an employee has already taken some FMLA leave in the current twelve-month leave year, the maximum twelve weeks of EFMLEA leave is reduced by the amount of FMLA leave entitlement already taken in that year.
4. One of the circumstances under which an employee may qualify for the EPSLA is if he or she is experiencing symptoms of COVID-19 and is seeking a medical diagnosis. The paid sick leave taken for this reason must be limited to the time the employee is unable to work because he or she is taking affirmative steps to obtain a medical diagnosis, including time spent making, waiting for, or attending an appointment for a test for COVID-19. However, the employee may not take paid sick leave to self-quarantine without seeking a medical diagnosis. Waiting for the results of a test does not qualify for the EPSLA if the employee is able to telework.
5. An employee must provide additional information depending on the COVID-19 qualifying reason for leave:
 - a. An employee requesting paid leave because he or she is under a quarantine or isolation order must provide the name of the government entity that issued order to which the employee is subject.
 - b. An employee requesting paid sick leave because his or her health care provider issued a self-quarantine order for COVID-19 related reasons must provide the name of the health care provider who issued the order.
 - c. An employee requesting paid sick leave to care for an individual who has either been issued a quarantine or isolation order by a government entity or a self-quarantine order for COVID-19 related reasons by a health care provider must provide either (1) the government entity that issued the quarantine or isolation order to which the individual is subject or (2) the name of the health care provider who advised the individual to self-quarantine, depending on the precise reason for the request.
 - d. An employee requesting to take leave to care for his or her child must provide the following information: (1) the name of the child being cared for; (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and (3) a statement representing that no other suitable person is available to care for the child during the period of requested leave.
 - e. For leave taken under the FMLA for an employee’s own serious health condition related to COVID-19, or to care for the employee’s spouse, son, daughter, or parent with a serious health condition related to COVID-19, the normal FMLA certification requirements still apply.

My signature below assures that I meet the criteria listed above and qualify for Emergency Paid Leave as I am **unable to work or telework, either at an assigned work site or in a remote assignment assigned by LUESD**. Misuse of this leave is grounds for disciplinary action and the may also result in a requirement to repay leave benefits.

Signature of Employee

Date

(Submit original to Human Resources Department to complete the section below. Once your leave is verified by HR, you will be notified)

Eligibility verified by: _____

Date: _____

Leave Approved (Qualifies)

Leave Denied*

*Reason/Comments _____