

**UNION GAP SCHOOL DISTRICT**  
**Families First Coronavirus Response Act**  
**LEAVE REQUEST FORM**

**TO THE EMPLOYEE:** This form is used to request Emergency Family and Medical Leave Expansion Act (EFMLA) and/or Emergency Paid Sick Leave Act (EPSLA) under the Families First Coronavirus Response Act (FFCRA). In order to be considered for these benefits, you must complete the following request form and supporting documentation and submit to the District Office or through email to [sjesperson@uniongap.org](mailto:sjesperson@uniongap.org) as soon as possible before leave commences.

**Employee Name (print clearly):** \_\_\_\_\_

**Classification:** \_\_\_\_\_

**Direct Supervisor:** \_\_\_\_\_

**Requested Leave Start Date:** \_\_\_\_\_ **Estimated End Date:** \_\_\_\_\_

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**SECTION A – EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (EFMLA)**

1. I am requesting leave because I am unable to work or telework due to caring for my son or daughter because his/her school or place of care has been closed, or his/her childcare provider is unavailable, due to COVID-19 precautions.     YES     NO

**(IF NO, skip ahead to Section B. You do not qualify for EFMLA)**

2. I understand that this will be counted as Family Medical Leave Act (FMLA) leave and will reduce the 12 weeks of FMLA leave otherwise available under the federal FMLA guidelines. I also understand that the first 10 days of leave will be unpaid unless I elect below to use Emergency Paid Sick Leave or another accrued paid leave offered by MASD that would cover this absence. Please select one option below:
- I elect to take my Emergency Paid Sick Leave during the first 2 weeks of unpaid Emergency FMLA.
  - I elect to take my existing sick or vacation leave under the MASD’s existing policies, to the extent there is time in those banks, during the first 2 weeks of unpaid EFMLA.
  - I elect to take the first 2 weeks of unpaid EFMLA as unpaid time off.
3. You are required to provide the District with documentation in support of the reason for your EFMLA. These documents may include notice of closure or unavailability from a child’s school, place of care, or childcare provider (i.e., newspaper/web article, website or email notice).
- Please indicate if you have attached documentation supporting your need for leave to this form.  
 YES     NO
  - If you are unable to attach supporting documentation at this time. Please explain the reason you are unable to do so and when you anticipate submitting documentation:  
  
\_\_\_\_\_

4. I am requesting to take my EFMLA intermittently.  YES  NO
- During my intermittent EFMLA, I am requesting to work on the following schedule:
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## SECTION B – EMERGENCY PAID SICK LEAVE ACT (EPSLA)

1. I am unable to work or telework and I am requesting EPSLA because:
- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
  - 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
  - 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
  - 4) I am caring for an individual who is subject to either number 1 or 2 above.
  - 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable, due to COVID-19 precautions.
  - 6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.
2. You are required to submit documentation supporting your need for EPSLA.
- Please indicate if you have attached documentation supporting your need for leave to this form.  YES  NO
  - If you are unable to attach supporting documentation at this time. Please indicate the reason you are unable to do so and when you anticipate submitting documentation:
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3. I currently am **teleworking** and I am requesting to take EPSLA intermittently.
- YES  NO
- During my intermittent EPSLA I am requesting to work on the following schedule:
- 
4. I currently am **working onsite** and I requesting to take my EPSLA intermittently because I am unable to work due to caring for my son or daughter because his/her school or place of care has been closed, or his/her childcare provider is unavailable, due to COVID-19 precautions. This is the only EPSLA reason eligible for intermittent leave if an employee is working onsite.
- YES  NO
- During my intermittent EPSLA I am requesting to work on the following schedule:
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## SECTION C – EXPLANATION OF PAID BENEFIT AMOUNTS

Emergency Family and Medical Leave Act: EFMLA is for employees who have been employed for at least 30 days with the District. The first 2 weeks of EFMLA is unpaid (unless otherwise specified above), followed by up to 10 weeks of leave at 2/3 your regular rate of pay, up to a daily cap of \$200.

Emergency Paid Sick Leave Act: EPSLA provides the equivalent of two weeks' worth of salary, up to a maximum of 80 hours, based on the hours the employee works per day. You will be paid your regular rate of pay up to a daily cap of \$511 dollars for ESPLA reasons No. 1, 2, or 3 above. You will be paid 2/3 your regular rate of pay up to a daily cap of \$200 for EPSLA reasons No. 4, 5, or 6 above.

I certify that the information contained on this form is truthful and accurate.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Direct Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent (or Designee) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### FOR OFFICE USE ONLY:

Review of this form and explanation of paid benefits was discussed with \_\_\_\_\_  
by \_\_\_\_\_ on \_\_\_\_\_ .

**APPROVED**

**DENIED** – Reason if denied: \_\_\_\_\_

Date: \_\_\_\_\_

This completed form was returned to \_\_\_\_\_ on \_\_\_\_\_ via email and USPS.