

EMERGENCY SICK LEAVE REQUEST PROCEDURE

SEPTEMBER 30, 2020

1. As soon as notified of a potential COVID-19 positive test result or exposure, CFO or HR should be notified.
2. Under circumstances when quarantine due to COVID-19 is required, remote working is permitted during that quarantine period if their position can be performed remotely and they feel well enough. Any teacher, certified staff member, or other employee working remotely with students should ensure the continuity of instruction and/or related services pursuant to the established e-learning schedule and negotiated documents for this.
3. If the individual is unable to perform responsibilities remotely during the quarantine period, they may be eligible for Emergency Sick Pay under FFCRA, without deducting time off from their District sick leave or other paid time off.
4. Employee must complete the *Employee Sick Leave Request Form* (available on District's webpage) as soon as possible when leave commences and submit it to the CFO or HR. The form must include documentation by form of a physician's statement or other reasonably related verification, such as notice from local or state health department.
5. Employee will enter time off requests via Employee Access by using code entitle "COVID Sick Leave." If this code is not available, please contact the CFO in the District Office.
 - a. When requesting time off using this code please add **Lori Niemeier** to "Select additional employees to notify," as well as, any other employees that you have been instructed to include by your Principal or Supervisor.
 - b. You may enter multiple dates by selecting "date range."

Time Off Request

* Time Off Code: COVID-19 SICK LEAVE - Hours Hours per Day: 7h 00m

* Reason: SICK

Description: SICK - QUARANTINE
Maximum characters: 200, Remaining characters: 183

Type: Single Day Date Range

* Start Date: 10/01/2020 Thursday

End Date: 10/01/2020

Start Time: 08:00 AM

Select additional employees to notify when this request is submitted and approved/denied

Select Employee(s): NIEMEIER LORI

Asterisk (*) denotes a required field

6. Once the proper form and documentation has been reviewed a notice will be sent the employee with the appropriate approval or denial in accordance with the law, the collective bargaining agreement, and district policy.
7. All persons returning to work/school must satisfy requirements and have "Release from Isolation" or "Release from Quarantine" letter from local health department as applicable.

New Berlin C.U.S.D. #16 REQUEST FOR EMERGENCY SICK PAID LEAVE

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and New Berlin CUSD #16's Emergency Paid Sick Leave Policy, please complete the following request form and submit to your manager or the human resources department either prior to leave or as soon as possible after leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave policy.

Employee Name (print clearly): _____

Department: _____ Manager: _____

Requested Leave Start Date: _____ End Date: _____

The amount of emergency paid sick leave being requested is _____ days.

I wish to take intermittent leave for reason #5 below, during the following days and hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- 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; and,
 - I attest that no other suitable person is available to care for my child during the requested period of leave.
 - I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

I have attached documentation supporting my need for leave.

Employee Signature _____ Date _____

Manager Signature _____ Date _____

HR Department Rep. Signature _____ Date _____

Employee Statement Supporting Leave

I, _____, provide the following information in support of my request for emergency paid sick leave (complete all that apply):

Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order:

Effective dates of the order: _____

Leave due to a health care provider's advice to self-quarantine

Name of the health care provider advising me or the individual I am caring for to self-quarantine: _____

Written documentation is available and attached: Yes No

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

Leave due to a school or place of child care closed due to COVID-19

Name of school or place of care:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

Leave due to a substantially similar condition specified by the secretary of health and human services

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ Date: _____