

**Fruitvale Independent School District  
Employee Request for Families First Coronavirus Response Act Leave**

Type or Print:

**1. Name of employee (First Name, Middle Initial, Last Name)**

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**2. Employee's position & campus**

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Leave benefits under the Families First Coronavirus Response Act (FFCRA) apply for the **limited time period of April 1, 2020 to December 31, 2020**. The amount of paid leave an employee may receive will vary depending on the reason leave is taken. Detailed information is available in the Employee Rights notice that can be found on the district website under the heading District Information.

An employee requesting emergency paid sick leave and expanded family and medical leave must complete this form and return it to Marsha Foster as soon as the need for leave is identified. Documentation supporting the need for leave should be included when the request is submitted.

**Emergency Paid Sick Leave (EPSL)** is limited to 80 hours of paid leave at the following rates:

- 1) Self: regular rate of pay up to \$511 per day
- 2) For care of an individual or a son or daughter: two-thirds the regular rate of pay up to \$200 per day

**Expanded Family and Medical Leave (EFML)** provides up to 12 weeks of leave to care for a son or daughter when school is closed or child care is unavailable due to COVID-19. The first two weeks are unpaid, although the employee may access EPSL or other paid leave during this time. The remaining 10 weeks is two-thirds the regular rate of pay up to \$200 per day.

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**3. Type of Leave Requested (Select one or both):**  FFCRA Paid Sick Leave  FFCRA Paid Expanded FMLA

**4. Reason for requested leave.**

Under the FFCRA, an employee qualifies for paid sick time if the employee is unable to work (or unable to telework) due to a need for leave because the employee:

**Paid Sick Leave – 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. Paid at either the regular rate of pay, up to \$511 per day and \$5,110 in the aggregate.**

1. \_\_\_ Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19

Name of entity requiring quarantine or isolation:

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2. \_\_\_ Has been advised by a health care provider to self-quarantine related to COVID-19

Name of health care provider requiring self-quarantine:

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3. \_\_\_ Is experiencing COVID-19 symptoms and is seeking a medical diagnosis

Name of health care provider:

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**Paid Sick Leave – 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. Paid at 2/3 of the regular rate up to \$200 per day and \$2,000 in the aggregate over a two-week period.**

4. \_\_\_ Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2)

Name of individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. \_\_\_ 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

Name of health care provider:

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**Paid Expanded FMLA – A full-time employee is eligible for up to 12 weeks (two weeks of paid sick leave followed by up to 10 weeks of paid expanded FMLA) 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. Paid at 2/3 of the regular rate up to \$200 per day and \$12,000 in the aggregate over a 12-week period.**

6. \_\_\_ Is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.

Name of school or child care facility:

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Are you the only adult caring for the child(ren): \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and age of child(ren):

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If the son or daughter is over the age of 14 describe the special circumstances requiring the care:

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**NOTE. ALL employees are eligible for Paid Sick Leave. Employees who have been employed for at least 30 days are eligible for Paid Expanded FMLA.**

**5. Date on which you wish to commence leave:** \_\_\_\_\_

**6. Date of anticipated return to work:** \_\_\_\_\_

**7. Are you requesting leave on an intermittent or reduced leave schedule?** \_\_\_ Yes \_\_\_ No

**8. If "yes," please give schedule of when you anticipate you will be unavailable for work.**

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

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**9. Documentation to support the type of leave should be attached to this request.**

An employee seeking leave because of COVID-19 exposure or diagnosis must provide a fitness-for-duty medical certification of ability to perform job duties before being allowed to resume work.

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**10. Use of accrued leave (including vacation, scheduled days off, and comp time)**

\_\_\_\_\_ I choose to use accrued paid leave to supplement the 2/3 pay covered by EPSL so I receive 100 percent of my regular rate of pay.

**I understand that I am required to use my accrued leave concurrently with EFML. When accrued leave is exhausted, I will receive 2/3 pay for the remaining EFML. Refer to the FFCRA Employee Paid Leave Rights for more information.**

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Designation (completed by HR Department):**

- Yes  No Employee qualifies for EPSL
- Yes  No Employee qualifies for EPSL
- Yes  No Employee qualifies for EFML
- Yes  No Employee qualifies for Precautionary Exclusion
- Yes  No Employee qualified for Telework

**For office use only:**

Date of Employment \_\_\_\_\_

Documentation provided \_\_\_ Yes \_\_\_ No

Leave type approved: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Name and title

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