

## Request for Emergency Paid Sick Leave – COVID19 2020

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act please complete the following request form and submit to the Human Resources Department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

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

Department/School: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

**\*Days must be taken consecutively\***

The amount of emergency paid sick leave being requested is \_\_\_\_\_ hours, *which is the normal hours I work on a weekly basis*, for a total of \_\_\_\_\_ hours. I certify that I am unable to work, including telework for the following reason(s) stated below.

☐ I am using Emergency Paid Sick Leave due to Child Care and also plan to request the Emergency Family Medical Leave Expansion Act (EFMLEA) leave with the Emergency Paid Sick Leave covering the first two (2) weeks of the EFMLEA period, which is otherwise unpaid time. EFMLEA leave may be taken intermittently

The reason for this Emergency Paid Sick Leave request is (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.
- ☐ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

**Emergency Family Medical Leave Expansion Act (EFMLEA) .Request Form  
2020**

**Please Print:**

NAME: \_\_\_\_\_ / EMP #: \_\_\_\_\_

POSITION: \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_

EFMLEA is leave that is available **ONLY** for Child care issues that are related to COVID19. The act provides for a total of 12 weeks of leave. The first ten (10) days are without pay, and the remaining ten (10) weeks are at 2/3 compensation.

An individual will only be able to use 12 weeks of leave in a 12-month period. If **ANY** FMLA has **already** been used during this 12-month period, the total time used will be deducted from the total time available for EFMLEA.

☐

I am requesting EFMLEA due to child care that is now unavailable due to:

\_\_\_\_\_ school closure

\_\_\_\_\_ child care provider being unavailable due to COVID 19.

☐

\_\_\_\_\_ I certify that my child is younger than 18 years of age

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

**OR**

\_\_\_\_\_ I certify that my child is disabled and requires care which is no longer available due to COVID 19.

## CHILD CARE PROVIDER CERTIFICATION OF UNAVAILABILITY DUE TO COVID 19

I hereby certify that I am the Child Care Provider for the following CISD employee:

\_\_\_\_\_  
(print CISD employee name)

My child care services are: ☐ Paid ☐ Unpaid (family / friend)

Due to COVID 19 restrictions, I am no longer able to provide child care services.

My signature below certifies that this information is accurate and truthful.

\_\_\_\_\_  
Signature of Child Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name of Child Care Provider)

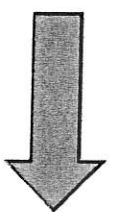
**\*If a child care facility/business, please attach notice of closure\***

**\*\*RETURN FORM TO CENTRAL OFFICE, 136 S COLUMBIA AVE, CAMPBELLSVILLE, KY 42718\*\***

# **Federal Emergency Paid Sick Leave and Federal Emergency FMLA Expansion** **Under the Families First Coronavirus Response Act (FFCRA)** **(Effective until Dec. 31, 2020)**

## **Reason for Leave**

Employee is subject to <b>quarantine or isolation order</b> related to COVID-19 (federal, state or local)
Employee advised by a healthcare provider to <b>self-quarantine</b> related to COVID-19
Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis

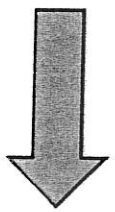


**Extended Paid Sick Leave (EPSL)**  
All employees

Two weeks (up to 80 hours) at regular rate of pay.  
(Maximums apply)  
Pro-rated for part-time employees

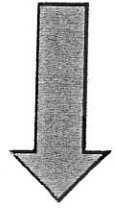
**Extended FMLA (EFMLA)**  
Any employee who has been on payroll for at least 30 days

Employee is <b>caring for an individual</b> subject to a quarantine or isolation order (federal, state or local) related to COVID-19 or an individual that has been advised by a healthcare provider to self-quarantine related to COVID-19
Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services

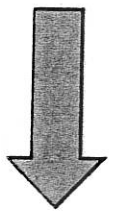


Two weeks (up to 80 hours) at 2/3 regular rate of pay.  
(Maximums apply)  
Pro-rated for part-time employees

Employee is caring for their own child because of <b>school or childcare closure</b> (or childcare is unavailable) for reasons of COVID-19
--



Two weeks (up to 80 hours) at 2/3 regular rate of pay.  
(Maximums apply)  
Pro-rated for part-time employees



Up to additional 10 weeks at 2/3 regular rate of pay.  
(Maximums apply)  
Pro-rated for part-time employees