

Ashland Public Schools

This form is intended for employees to notify the District if they cannot physically return to work due to circumstances related to the COVID-19 pandemic.

Employee Request for Leave under the Families First Coronavirus Response Act

Employees who are requesting Emergency Paid Sick Leave (EPSL) or Expanded Family and Medical Leave (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) are asked to complete this form and **return it by Friday August 27th if possible**. If an employee is unable to complete this form, Human Resources is available to assist with completion.

Employees have the choice of requesting this EPSL/EFMLA for their COVID-19 related covered absence or may request any other type of leave they have available which covers absences for the reasons they will be out. We remind employees, however, that EPSL is available only between April 1, 2020 and December 31, 2020.

Please check below the reason that you are requesting EPSL. Below each reason, we have identified the documentation you are required to provide in support of your request.

I, _____ (Print or Type Name), request Emergency Paid Sick Leave for the authorized reason(s) checked below:

1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

● Provide the name of the governmental entity ordering quarantine or isolation: _____

2. I was advised by a health care provider to self-quarantine related to COVID-19.

● Provide the name of the health care provider advising self-quarantine: _____

3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.

4. I am caring for an individual subject to an order of Federal, State or local quarantine or self-quarantine as advised by a health care provider related to COVID-19. Provide the name of the governmental entity ordering quarantine or the name of the health care provider advising self-quarantine: _____

● Provide the Name of the Family Member and Relationship: _____

5. I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.

● Provide Name(s) and Age(s) of Child(ren): _____

● If applicable, provide Name of School that is Closed or Childcare Facility that is Unavailable: _____

● If applicable, provide Name of Childcare Provider who is Unavailable: _____

● Certify that no other suitable person is available to provide care for the child/children during the period for which you are receiving FFCRA leave.

I Certify that This Statement is True

I Certify that This Statement is False

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6. I am experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Please provide the dates on which the leave is requested (employees are only allotted up to 10 days of leave under this

law):

I am requesting intermittent leave because I am able to work or telework during some of my leave Y N

Please explain:

I understand that my pay while on EPSL will be subject to statutory caps. For reasons 1-3 above, employees will receive full pay to a maximum of \$511 per day. For reasons 4-6 above, employees will receive 2/3 of their regular pay up to a maximum of \$200 per day.

Employees are also eligible for a total of 12 weeks of Expanded Family and Medical Leave for reason 5 above (including the 10 days of EPSL). Employees must have been employed for at least 30 days prior to taking leave under this law to be eligible. Please fill in the below section if you are requesting leave Expanded FMLA leave. Please be advised that if you have previously used FMLA leave in the past 12 months for another reason, that will decrease the amount of leave available to you (i.e., you are only eligible for a total of 12 weeks of FMLA leave for any reason in a 12 month period).

I am caring for my child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

● Provide Name(s) and Age(s) of Child(ren): _____

● If applicable, provide Name of School that is Closed or Childcare Facility that is Unavailable:

● If applicable, provide Name of Childcare Provider who is Unavailable:

● Certify that no other suitable person is available to provide care for the child/children during the period for which you are receiving FFCRA leave.

I Certify that This Statement is True

I Certify that This Statement is False

Please provide the dates on which the leave is requested:

I am requesting intermittent leave because I am able to work or telework during some of my leave Y N

Please explain:

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I understand that my pay while on EFMLA will be 2/3 of my regular pay up to a maximum of \$200 per day for the last 10 weeks (the first two weeks is either unpaid or covered by Emergency Paid Sick Leave which is outlined above). Employees are permitted to request that their available paid time off (generally sick time is not available) be used concurrently with their leave under this law so that they do not experience a reduction in pay. Concurrent use of paid time off will only be available if the employee's need for leave qualifies under the applicable policy.

- I would like to use my available paid time off while taking leave under the EFMLA
- I would not like to use my available paid time off while taking leave under the EFMLA

I understand that if an employee is committing fraud or abuse by engaging in an activity that is not consistent with allowable purposes for paid sick leave under the Families First Coronavirus Response Act, an employer may discipline the employee for misuse of sick leave.

Date Signed _____

Employee Signature/Employee Name _____

Human Resources

Received/processed in Human Resources by: _____ Date: _____

Approval Date: _____

Reason for Emergency Paid Sick Leave/Expanded FMLA not being approved:

For EFMLA ONLY: Amount of paid time off approved to be used concurrently (if requested by employee):
