

## LEAVE REQUEST FORM—EMERGENCY PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE

<b>Employee Name:</b>	<b>Today's Date:</b>
<b>Department/Campus:</b>	<b>Position:</b>
<b>Email:</b>	<b>Phone number:</b>
<b>Supervisor:</b>	<b>Duration of leave (specify dates requesting leave):</b>

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 at [www.wisd.org](http://www.wisd.org).

An employee requesting emergency paid sick leave and expanded family and medical leave must complete this form and return it to Norma Salazar, Benefits Specialist for WISD [nsalazar@wisd.org](mailto:nsalazar@wisd.org) 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:

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

**Expanded Family and Medical Leave (EFML)** provides up to twelve 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.

I request leave for the following reason(s):

**Self**

I'm subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of entity requiring quarantine or isolation: \_\_\_\_\_

I've been advised to self-quarantine by a health care provider.

Name of Provider: \_\_\_\_\_

I'm experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

Name of health care provider: \_\_\_\_\_

I'm experiencing any other substantially-similar conditions specified by the U.S. Department of Health and Human Services.

**Care for other individual or child**

I'm unable to work in order to care for a minor child because their school is closed or child care is not available due to COVID-19.

Name of school or child care facility: \_\_\_\_\_

Are you the only adult caring for the child(ren):  yes  no

Age of child(ren): \_\_\_\_\_

I'm unable to work in order to care for an individual subject or advised to quarantine or isolate.

Relationship to employee: \_\_\_\_\_

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**Accrued leave use**

I choose to use:

EPSL during this absence

My accrued paid leave for \_\_\_\_\_ days during this absence

Accrued paid leave to "top off" the 2/3 pay covered by EPSL or EFML so I receive 100 percent of my regular rate of pay (**only include if allowed by the employer**)

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

The employee qualifies for EPSL.

The employee does not qualify for EPSL.

The employee qualifies for \_\_\_\_\_ weeks of EFML.

The employee does not qualify for EFML.

***For office use only:***

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

Medical certification provided  Yes  No

Approved by: \_\_\_\_\_

Name and title

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