



COVID-19 Emergency Leave / Emergency FMLA Expansion Leave

Employee's Name: _____ EID: _____ Date: _____
School: _____ Position(s): _____
Type: Full-Time ☐ Part-Time ☐ Home Phone: _____ Cell Phone: _____
Address: _____

I am requesting a leave of absence for the following length of time:

Start Date: _____ Return Date: _____

Paid State of Emergency Leave: (up to 168 hours) April 1-30, 2020

Select one of the following:

- ☐ Employees who cannot work (including work-from-home) because they have childcare or eldercare needs due to COVID-19-related facility closings. Mandatory employees who cannot work because they are high risk and who have not been assigned alternate telework duties may receive paid State of Emergency Leave up to the maximum hours allowed.
- ☐ Non-mandatory employees (including temporary and permanent employees, as well as employees who report to work for reduced hours) who have not been given work-from-home assignments. Mandatory employees who have a reduced on-site schedule, at the discretion of the employer, may take paid State of Emergency Leave for the balance of hours where they have not been assigned on-site or remote duties.
- ☐ Any mandatory or non-mandatory employees (including temporary and permanent employees) who are sick due to symptoms consistent with COVID-19 or who are caring for a dependent with such symptoms, or a health care provider has advised the employee to self-quarantine due to concerns related to COVID-19.

NOTE: All other medically related absences will utilize regular forms of leave such as sick, vacation, and bonus leave, or shared leave if previously approved.

Additional State of Emergency Leave: (up to 96 hours) March 16-31, 2020

This leave may be retroactively applied to employees who took leave during this closure period (paid or unpaid leave) and shall be pro-rated for part-time personnel. Select one of the following:

- ☐ Employees who could not work (including work-from-home) because they had childcare or eldercare needs due to COVID-19-related facility closings.
- ☐ Non-mandatory employees (including temporary and permanent employees, as well as employees who report to work for reduced hours) who have not been given work-from-home assignments. Mandatory employees who have a reduced on-site schedule, at the discretion of the employer, may take paid State of Emergency Leave for the balance of hours where they have not been assigned on-site or remote duties.
- ☐ Any mandatory or non-mandatory employees (including temporary and permanent employees) who were sick due to symptoms consistent with COVID-19 or who were caring for a dependent with such symptoms, or a health care provider had advised the employee to self-quarantine due to concerns related to COVID-19.

NOTE: All other medically related absences will utilize regular forms of leave such as sick, vacation, and bonus leave, or personal leave (if applicable).

Emergency Paid Sick Leave Act: (up to 80 hours) effective April 1, 2020

Select one of the following:

- ☐ Employee is subject to governmental quarantine or isolation COVID-19 order
- ☐ Health care provider has advised employee to self-quarantine
- ☐ Employee is experiencing COVID-19 symptoms and seeking a medical diagnosis
- ☐ Employee is caring for individuals subject to a governmental order or recommendation to quarantine or self-isolate or experiencing symptoms of and seeking diagnosis for COVID-19
- ☐ Employee is unable to work (or work-from-home) due to the closing of the child's school, place of care or unavailability of the regular childcare provider for reasons related to COVID-19
1. I have legal guardianship. Yes ☐ No ☐ Child(ren) name(s) & age(s): _____
2. The childcare provider stopped providing service. Yes ☐ No ☐
- If yes, list the provider name and date service stopped: _____
- ☐ Any other substantially similar conditions

Emergency FMLA Expansion Act (available for employees with no work-from-home option)

Select one of the following:

- ☐ Up to an additional 10 weeks of paid expanded family and medical leave* at two-thirds the employee's regular rate of pay where an employee, who has been employed for at least 30 calendar days, is unable to work due to a bona fide need for leave to care for a child (under 18) whose school or child care provider is closed or unavailable for reasons related to COVID-19 emergency as declared by federal, state or local authority.

Name of child(ren) _____ School or Day Care Facility: _____

*First 10 days of leave is unpaid, however, employees may use their accrued leave or emergency paid sick leave, if applicable.

The following is the suggested sequence in which your leave will be applied: Emergency Paid Sick Leave (if applicable), Earned Comp Time (if applicable), Accrued Sick Leave, Accrued Annual Leave, Accrued Personal Leave (if applicable), Leave without Pay

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

FOR BENEFITS DEPARTMENT USE ONLY

L-1 has been: ☐ Approved ☐ Denied Approved by: _____

During this approved leave you may use: _____ State Emergency Leave _____ Emergency Sick Leave/FMLA
_____ Comp time (If applicable) _____ Sick Leave Annual Leave _____ Bonus Leave _____ Personal Leave
(if applicable) _____ Leave Without Pay

CC: Employee/Supervisor/Human Capital Partner/Benefits Manager

