Monongalia County Board of Education

Family First Coronavirus Response Act Request Form

The Families First Coronavirus Act (FFCRA) requires certain employers to provide their employees with Emergency Paid Sick Leave (EPSL) and Expanded Family Medical Leave (EFML) for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

Section 1 – General Information

Employee Name: _____ Employee ID Number: _____ ___

Address: _____ School or Location: _____

Present Position: _____

Subject/Classification_____ Full Time ☐ Part Time ☐

Section 2 – FFCRA Reason for Leave. Reasons 1-3 are paid at the regular rate of pay, capped at $511 per day for up to 10 days. Reasons 4&6 are paid at 2/3 of the regular rate of pay, capped at $200 per day for up to 10 days. Reason 5 is paid at 2/3 of the regular rate of pay, capped at $200 per day for up to 12 weeks. Closure notice or other documentation is required for item 5. Employee is not required to use any accumulated leave prior to using EPSL or EFML. Documentation, including medical documentation is required for reasons 1-4, and 6.

I am unable to work because:

☐ 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 related to Covid-19.

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

☐ 4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2).

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

☐ 6. I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

Section 3 – Dates (Not Valid after 12-31-2020) (Total Days in all categories combined cannot exceed 60))

First Date of Leave: _____ Last Date of Leave: _____

Total Number of days requested for reasons 1-4, and 6 _____ (maximum of 10 days allowed)

Total Number of days requested for reason 5 _____ (maximum of 60 days allowed)

Section 4 – Return to Work

Prior to completion of the Leave of Absence, the employee shall report his or her readiness to resume employment to his or her supervisor prior to the date of returning to work. A medical document stating the date to when the employee is to return to work is required for those on COVID-19 as indicated in items 1-4, and 6 above.

I affirm that, to the best of my knowledge, the information in this request is correct.

_____ _____

Signature of Employee or Representative Date

_____ _____

Signature of Supervisor Date

Section 5 – Comments and Approval from Human Resources

Approved ☐ Not Approved ☐

Comments: _____

_____ _____

Signature of Assistant Superintendent Date

Section 6 – Comments and Approval from Superintendent

Approved ☐ Not Approved ☐

Comments: _____

_____ _____

Signature of Superintendent Date

Section 7 – TSSI/SEMS

Date Update Completed: _____

Section 8 – Finance Department

_____ _____

Signature of Finance Office Date