

THERESA AXFORD
Superintendent of Schools



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District Administrative Sick Leave Form

Please explain (in detail) why you need to take leave:

As of January 1, 2021, the Families First Coronavirus Response Act was not extended by the Federal Government. The Monroe County School District will replicate the Emergency Paid Sick Leave program through June 30, 2021 by offering District Administrative Leave for the qualifying reasons below. If you previously received 10 days of Emergency Paid Sick Leave prior to December 31, 2020, you are not eligible for District Administrative Leave.

Eligibility Criteria (please check one):

_____ (1) I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. *I understand I can receive up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave (in addition to any sick leave I have accrued) at 100% of regular rate of pay. Maximum amount is \$511 per day up to \$5,110 total. **(documentation required)**

_____ (2) I was advised by a health care provider to self-quarantine related to COVID-19. *I understand I can receive up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave (in addition to any sick leave I have accrued) at 100% of daily rate of pay. Maximum amount is \$511 per day up to \$5,110 total. **(documentation required)**

_____ (3) I am experiencing COVID-19 symptoms and seeking a medical diagnosis. *I understand I can receive up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave (in addition to any sick leave I have accrued) at 100% of daily rate of pay. Maximum amount is \$511 per day up to \$5,110 total. **(documentation required)**

_____ (4) I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2). *I understand I can receive up to two weeks (80 hours, or a part-time employee's two-week equivalent) of leave at 2/3 of daily rate pay. Pay is capped at \$200 a day up to \$2,000 total. **(documentation required)**

_____ (5) I am caring for my child whose school or place of care is closed (or the childcare provider is unavailable), due to COVID-19 related reasons. *I understand I can receive up to 10 weeks more of paid sick leave and expanded family and medical leave paid at 2/3 for up to \$200 daily and \$12,000 total.

Name of School or Childcare Provider: _____

_____ (6) I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.. *I understand I can receive up to two weeks (80 hours, or a part-time employee's two-week equivalent) of leave at 2/3, up to \$200 daily and \$2,000 total. **(documentation required)**

Required Additional Criteria:

_____ I may be entitled to take leave related to COVID-19 because I am unable to work, including unable to telework, because of one of the qualifying reasons for paid leave.

*I certify that the above information is accurate and that I have attached documentation, if required. HR will enter the absence in the **Frontline Absence Management system**.*

Print Name: _____ Date of Birth: _____

School/Department: _____

Signature: _____

What was the first day you missed work: _____ What date(s) will you be out on leave: _____

What date are you returning to work: _____

HR Use Only:		
Date Received: _____	Eligible: _____	Not Eligible: _____
Executive Director, Personnel Support and Instructional Leadership: _____		