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Families First Coronavirus Response Act (FFCRA)
Emergency Family and Medical Leave Expansion

Effective July 1, 2020: Eligibility Criteria (please check all that apply):

_____ 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.

Name of School or Childcare Provider: _____

_____ I have been employed by the Monroe County School District (MCSD) at least **30 days prior to the leave request**.

_____ **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. I understand, if approved, I will receive up to 12 weeks of leave. The first 2 weeks, I may receive Emergency Paid Sick Leave. After the initial 2 weeks, I may receive up to 10 weeks more of paid leave at 2/3 up to \$200 daily and \$12,000 total. HR will enter the absence in the Frontline Absence Management system.

Print Name: _____ School/Dept.: _____

Employee ID #: _____

Signature: _____ Date: _____

Dates of Leave: _____

HR Use Only:

Date Received: _____ Eligible: _____ Not Eligible: _____

Has the employee used FMLA in the past year? _____ Add to FileMaker and Board Recommendations _____

Enter absence into Absence Management _____ Notify Payroll & Benefits _____ Emergency Teacher Needed? _____

Executive Director, Personnel Support and Instructional Leadership: _____