



To Excellence in the Monroe County Schools

**Families First Coronavirus Response Act (FFCRA)
Emergency Sick Leave Form**

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

If you previously received 10 days of emergency paid sick leave prior to July 1, 2020, you are not eligible for additional Emergency Sick Leave.

Effective July 1, 2020: FFCRA 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: _____