

Richland County Community Unit School District No. 1
Leave Request Form (Fall Semester 2020)

Employee Name: _____

Employee Position: _____

Building: _____

Principal/Supervisor: _____

Employees seeking leave during the fall semester 2020 (until December 31, 2020) are entitled to certain extraordinary leaves created by the Families First Coronavirus Response Act ("FFCRA"). Due to the FFCRA, employees are entitled, during the fall semester 2020, to choose several leave options for COVID-19-related issues, as described below. Employees should choose which leave they wish to use, and which condition applies, then explain, in the space below, days for which they seek absence approval.

Leave Request:

- Unpaid leave (up to 10 days)
- Accumulated Earned Sick Leave (without limit)
- Accumulated Earned Personal Leave (without limit)
- Accumulated Earned Vacation Time (without limit)
- FFCRA Leave (choose only one reason below)

SELECT _____

- 1. If you are subject to a Federal, State, or local quarantine or isolation order related to COVID-19;**

You are entitled to pay at your regular rate, up to \$511 per day and \$5,110 in the aggregate (for up to a one-time allotment of ten (10) days' pay).

Name and Contact for Entity Requiring Quarantine

SELECT _____

- 2. If you have been advised by a health care provider to self-quarantine related to COVID-19;**

You are entitled to pay at your regular rate, up to \$511 per day and \$5,110 in the aggregate (for up to a one-time allotment of ten (10) days' pay).

Name and Contact for Provider Advising Quarantine

Name of Child _____ Age _____ Name of School/Facility/Provider _____

Name of Child _____ Age _____ Name of School/Facility/Provider _____

SELECT _____

6. If you are experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury;

You are entitled to pay at 2/3 of your regular rate, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

Explanation of dates of leave dates. (Note: Only option 5 may be taken *in addition* to other Families First Coronavirus Response Act leaves. All other Families First Coronavirus Response Act leaves are one-time leave options subject to the cap. Employees who are on approved telework plans may take intermittent leave as above, but other leaves must be taken on consecutive and contiguous days).

I have read the "Employee Rights and Responsibilities" attached and understand all my rights and obligations. I also understand that any leave taken as designated Expanded FMLA leave (paid and/or unpaid) counts toward my FMLA leave entitlement.

Employee Signature

Date

Employee Name (printed)

Administrator Approval (signed)

Date