Form C-19A

The School Board of Gadsden County

**Request for Emergency Paid Sick Leave**

*(Requires Approval by Human Resources and School District)*

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act, please complete the following request form and submit to your site administrator for signature and then forward to the Human Resources Department as soon as possible before leave commences. Appropriate documentation, as noted below, must be included with the leave request.

**Documentation supporting the need for leave must be included with this request, as described below.**

Employee Name (print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The amount of emergency paid sick leave being requested is \_\_\_\_\_\_\_\_\_\_\_\_ hours.

I am requesting this emergency paid sick leave due to my inability to work because (check the appropriate reason below):

* 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 due to concerns related to

COVID-19

* 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
* 4) I am caring for an individual who is subject to either number 1 or 2 above
* 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions; and,
  + I attest that no other suitable person is available to care for my child during the requested period of leave.
  + I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

**I have attached appropriate documentation supporting my need for leave.**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by:**

HR Department Rep. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPENSATION PROVISIONS

1. The employee will be compensated for EPSL at their regular rate, up to $511 per day, where leave is taken for reasons (1), (2), and (3) above (own illness or quarantine)
2. The employee will be compensated for EPSL 2/3 their regular rate, up to $200 per day, where leave is taken for reasons (4) or (5) above (care for others or school closures).
   * If approved, I request to utilize my accrued leave to supplement the reduced compensation for this leave period.

* The leave will be applied in the following order of availability: accrued comp time, personal leave, sick leave (if leave is for #4) or vacation leave.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_