

**Temple City Unified School District
Personnel Department
COVID-19 LEAVE OF ABSENCE REQUEST FORM**

To request any of the listed leaves when unable to report to work or work from home when contacted, please complete and submit this form and any supporting documentation via email to Monica Makiewicz, Associate Superintendent, Personnel, at mmakiewicz@tcusd.net.

Employee Name: _____ ☐ Certificated ☐ Classified ☐ Management

Job Title: _____ Site/Department: _____

Phone Number: _____ Email: _____

HR 6201 – FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

Effective April 1, 2020 through December 31, 2020, HR 6201 establishes new leave provisions for employees who are unable to report to work or work from home for reasons related to the COVID-19 pandemic. **Please see Paid Leave Entitlements Summary** at the end of this form.

Please select from the following reasons why you are unable to report to work or work from home.

Under HR 6201, an employee may request paid sick leave to the extent that he/she meets any of the specific circumstances related to COVID-19 identified in HR 6201. If you are requesting paid sick leave under HR 6201, please identify the circumstance(s) justifying your request by checking the appropriate box.

- ☐ 1. I have been diagnosed with COVID-19 by a medical professional and I am in official quarantine. *With documentation of a quarantine order, you may be eligible for additional paid sick leave.*
- ☐ 2. I have not been diagnosed, but I have been advised to self-quarantine by a health provider. *With documentation of a recommendation to self-quarantine, you may be eligible for additional paid sick leave.*
- ☐ 3. I am experiencing symptoms related to COVID-19 and I am currently seeking a medical diagnosis. *With documentation, you may be eligible for additional paid sick leave.*
- ☐ 4. I am caring for an individual diagnosed with COVID-19 or who has been ordered to self-quarantine by a medical professional. *With documentation, you may be eligible for additional leave at a rate of 2/3 your normal pay.*
- ☐ 5. I am experiencing another substantially-similar condition specified by the U.S. Department of Health and Human Services. *With documentation, you may be eligible for additional sick leave at a rate of 2/3 your normal pay.*

Under HR 6201, an employee qualifies for up to two (2) weeks emergency paid sick leave and up to ten (10) weeks emergency paid family and medical leave, both at 2/3 pay (not to exceed \$200 per day), when that employee is unable to work or work from home because the employee must care for a minor child whose school or child care provider is closed due to COVID-19:

- ☐ 6. My child's school and/or childcare program has closed due to reasons related to COVID-19 and I am unable to secure alternate care. *Documentation of school or childcare program closure is required.*

SAFER AT HOME EXEMPTION

Following guidance issued by the California Department of Health on March 9, 2020, announcement by Governor Newsom on March 11, 2020, the Governor's Executive Order N-33-20 issued on March 19, 2020, and the County of Los Angeles Department of Public Health "Safer at Home Order for Control of COVID-19" issued on March 21, 2020, the following employees may apply for exemptions from working on campus while the "Safer at Home" Order is in effect. If applicable, you will still be contacted to work from home. Employees in these exempted categories will not suffer loss of individual leaves or compensation.

Please select from the following reasons why you are unable to report to work.

- ☐ I am 65 years of age or older.
- ☐ I have an underlying health condition that inhibits my ability to work. *With documentation, you may be eligible for this exemption.*

In the event I do not qualify for the above additional leaves, I would like to request:

- ☐ Vacation leave, enter number of days and dates: _____
- ☐ Accrued sick leave, enter number of days and dates: _____
- ☐ Personal Necessity or Personal Discretion leave, enter number of days and dates: _____
- ☐ Personal Business, enter number of days and dates: _____

Additional paperwork will be required if vacation, personal necessity, personal discretion, or personal business days are granted.

In support of the above requests, please provide any documentation confirming the existence of the circumstance(s) that forms the basis of this request. The District does not request and does not want any documentation relating to an actual medical condition, diagnosis, prognosis, treatment plan, etc. It is sufficient for the documentation to identify the applicable circumstance(s) and to confirm that it is related to COVID-19.

My signature below signifies that I have referred to, understand, and will follow the guidelines established by HR 6201, the "Safer at Home" Order, and the respective collective bargaining agreement leave provisions.

Electronic Employee's Signature: _____ Date: _____

For Personnel Office Use Only:

Personnel Administrator

Date

☐ Approved ☐ Denied

Copied / routed to: _____ Employee, School/Department, Payroll

PAID LEAVE ENTITLEMENTS SUMMARY:

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- A. 100% for qualifying reasons # 1-3 below, up to \$511 daily and \$5,110 total;
2/3 for qualifying reasons #4 and 5 below, up to \$200 daily and \$2,000 total; and
- B. Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #6 below for up to \$200 daily and \$12,000 total.

Note: A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.