

ROSEVILLE CITY SCHOOL DISTRICT
Families First Coronavirus Response Act (FFCRA)
 Request for Leave - Child Care

Employee Name: _____ Phone: _____

School/Dept: _____ Job Title: _____

Requested Start Date: _____ (Anticipated) End Date: _____

HR6201 provides a maximum of ten (10) cumulative days of paid leave for absences related to COVID-19
****An additional ten (10) weeks additional leave may be requested, see below for details**

Employee Paid Leave Rights:
Up to Ten (10) days of paid sick leave at 2/3 employee's regular rate of pay (up to \$200 daily & \$2,000 total)*:
 Employee is unable to work because of:

A need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider *(Doctor's note required)* Relationship: _____

A need to care for a child (under 18 years old) whose school or child care provider is closed or unavailable for reasons related to COVID-19

****An additional Ten (10) weeks of paid expanded family and medical leave at 2/3 employee's regular rate of pay (up to \$200 daily & \$12,000 total for all 12 weeks)*:**
(Must be employed by RCSD for at least 30 calendar days)
 Employee is unable to work because of:

A need to care for a child (under 18 years old) whose school or child care provider is closed or unavailable for reasons related to COVID-19. (Does not apply if family elects to continue with distance learning when onsite or hybrid schooling options are available.) Relationship: _____

*You may use available paid leave to augment the difference between FFCRA benefit and your regular pay. Please indicate which type of leave you'd like to use:

- Regular Sick Leave Vacation (12 month employees only) I do not wish to augment w/ paid leave

Name of Child(ren) & age(s) being cared for: _____

Name of Closed School/Child Care Provider: _____ City: _____

I CERTIFY THAT I HAVE NO ALTERNATIVES FOR CHILD CARE *(please initial)*: _____

- Please submit this signed form and any documentation related to your leave to Melinda Pon (mpon@rcsdk8.org) in Personnel Services.**

Employee Signature

Date

Personnel Dept. Signature

Date

<i>District Office Use:</i>		Leave request is approved
		Leave request is approved with the following modifications: _____
		Leave not approved for following reasons: _____
		Leave Designation Letter Sent on ____/____/____