

ROSEVILLE CITY SCHOOL DISTRICT
Families First Coronavirus Response Act (FFCRA)
Request for Leave - Employee or Family Medical

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
RCSD provides an additional five (5) *cumulative* days of paid leave for employees who test positive for COVID-19

Qualifying Reasons for Emergency Paid Sick Leave for employees unable to work (or telework):

Ten (10) days of paid sick leave at employee's regular rate of pay (up to \$511 daily & \$5,111 total)*:

- When employee is unable to work due to one of the following, (*Doctor's note required*):
 - 1. 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 COVID-19 symptoms and am seeking a medical diagnosis.

Additional Five (5) days of paid sick leave at employee's regular rate of pay:

- When employee tests positive for COVID-19 (*Doctor's note required*)
 - 4. I have a medically documented positive case of COVID-19

Ten (10) days of paid sick leave at 2/3 employee's regular rate of pay (up to \$200 daily & \$2,000 total)*

Doctor's note required.

- When employee is unable to work because of a bona fide need to care for an individual subject to #1 or #2 above
 - 5. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2) above.. 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

- **Should your need for leave extend beyond two weeks, you are REQUIRED to contact Melinda Pon (mpon@rcsdk8.org) in Personnel Services to check eligibility of continuing on FMLA leave.**
- **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 extended - FMLA eligible. Date of extension: ____/____/____ to ____/____/____
		Leave Designation Letter Sent on ____/____/____