



LAKESPORT UNIFIED SCHOOL DISTRICT

EMERGENCY PAID SICK LEAVE (EPSL) EXPANDED FAMILY AND MEDICAL LEAVE (EFMLA) REQUEST FORM

Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Emergency Paid Sick Leave and/or Expanded Family and Medical Leave, please complete the following request form and submit to the District Office via claveglia@lakeport.k12.ca.us soon as possible prior to leave commencing. Leave must be taken April 1, 2020 through December 31, 2020. Leaves are to be entered into the Frontline absence management system by the employee under the reason "Leave of Absence".

Employee Name:	
Email:	Phone:
This is a (<i>choose one</i>): <input type="checkbox"/> New request for leave <input type="checkbox"/> Request for an extension of leave	
Anticipated Begin Date of Leave:	Expected Return to Work Date:

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below and complete the detail to the corresponding number on the next page):

- 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.

[Optional: I wish to take intermittent leave for reason #5 below, during the following days and hours:]

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.
- 7) Unpaid leave (Ed. Code §44963, §45190). Subject to District approval.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy and is attached.

Employee Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Employee Statement Supporting Leave

1) Leave due to a government-issued quarantine or isolation order. Attach documents from agency. Name of the issuing government agency for the quarantine or isolation order:

Effective dates of the order: _____

2) Leave due to a health care provider's advice to self-quarantine. Attach documents from physician. Name of the health care provider advising me or the individual I am caring for to self-quarantine:

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

3) Leave due to experiencing symptoms of COVID-19 and seeking a medical diagnosis. Attach documents from physician once received. Name of the health care provider you are seeking diagnosis from:

4) Leave due to caring for an individual who is subject to either number 1 or 2 above. Attach documents from agency. Name of the health care provider advising the individual I am caring for to self-quarantine or name of the issuing government agency for the quarantine or isolation order:

Effective dates of the order: _____

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

I wish to use accrued paid leave to supplement the one-third unpaid portion, not to exceed 100%

5) Leave due to a school or place of child care closed due to COVID-19: Name of school or place of care:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

I wish to use accrued paid leave to supplement the one-third unpaid portion, not to exceed 100%

6) Leave due to a substantially similar condition specified by the secretary of health and human services. Attach documents from agency or physician. Provide details regarding the need for this leave:

I wish to use accrued paid leave to supplement the one-third unpaid portion, not to exceed 100%

7) Unpaid leave benefits provided in Education Code §44963, §45190. Subject to District approval.

Reason: _____

I wish to use accrued paid leave, until exhausted, to supplement the unpaid portion

Numbers #1 through #7, please sign:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action. Documentation must be attached to this notice, or provided within 15 days.

Employee Signature: _____ Date: _____

Emergency Paid Sick Leave (EPSL)

Two weeks (up to 80 hours) of emergency paid sick leave: Effective April 1, 2020, emergency paid sick leave is available to all employees regardless of how long they have worked for the district. This leave provides up to 80 hours for full time employees (the average two weeks' hours for part time employees) if you are unable to work or telework for a covered reason. Employees are not required to use other sources of leave before using the emergency paid sick leave.

Emergency Family and Medical Leave (Emergency FMLA)

Employed 30-days: Employees who have been employed with the District for at least 30-days are eligible for this leave.

10-day waiting period: This is a partially paid leave but requires a 10-day waiting period before benefits begin. During this 10-day period, you may choose to take leave without pay, elect another leave accrual, or use FFCRA emergency paid sick leave.

12-weeks of FMLA: This emergency expansion is for 12-weeks of FMLA and is part of your regular FMLA time for which you may be eligible. No more than 12 weeks is available.

Duration of Leave

For reasons (1) through (4) and (6): A full-time employee is eligible for up to 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

For reason (5): A full-time employee is eligible for up to 12 weeks of leave at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Calculation of Pay

For reasons (1), (2), or (3): Employees taking leave shall be paid at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (*over a 2-week period*).

For reasons (4) or (6): Employees taking leave shall be paid at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (*over a 2-week period*).

For reason (5): Employees taking leave shall be paid at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (*over a 12-week period – two weeks of paid sick leave followed by up to 10 weeks of paid expanded family and medical leave*)

Prohibitions:

Employers may not discharge, discipline or otherwise discriminate against any employee who takes paid sick leave under the FFCRA and files a complaint or institutes a proceeding under or related to the FFCRA.