



Employee Request for COVID-19 Related Leave

Pursuant to the Families First Coronavirus Response Act (“FFCRA”) and board action, Tulsa Public Schools will provide paid leave to eligible employees **who are unable to work or telework** due to certain COVID-19 related reasons. There are several different types of COVID-19 leave available:

- **Emergency Paid Sick Leave (“EPSL”)**: Up to 80 hours for reasons 1 – 6 below
 - EPSL for reasons 1-3 below is paid at 100% of the greater of the employee’s regular rate or applicable minimum wage, up to \$511/day (\$5,110 total).
 - EPSL for reasons 4 – 6 below is paid at 2/3 of the greater of the employee’s regular rate of pay or applicable minimum wage, up to \$200/day (\$2,000 total).
- **Expanded Family and Medical Leave Act (“FMLA+”)**: up to 12 weeks for reason number 5 below, at 2/3 of the greater of employee’s regular rate of pay or applicable minimum wage, up to \$200/day (\$10,000) total.
- **District COVID-19 Leave**: District COVID-19 leave may be available to eligible employees to provide pay continuity for reasons 7 and 8 below, or when EPSL and/or FMLA+ leave has been exhausted or would provide the employee with less than 100% of the employee’s base rate of pay (excluding extra duty pay).
- In no event will any type of paid COVID-19 leave result in an employee being paid more than the employee would have otherwise been entitled to receive under their employment contract.

Because district offices are closed during this pandemic, please e-mail or fax this completed form and any attachments to benefits@tulsaschools.org or 918-746-6317. You may also call 918-746-7569 with any questions. All leave requests and supporting attachments will be maintained consistent with confidentiality requirements.

Employee information:

Employee name: _____

Employee ID: _____

Position: _____

Site/department: _____

Supervisor name: _____

Hire date (if known): _____

Address: _____

Phone number: _____

Personal e-mail: _____

Number of hours scheduled to work each week: _____ **OR**

Check here if hours vary weekly/no set schedule: _____

Extra duty assignments worked in the last 6 months? ___ Y ___ N

Dates of leave (how much leave do you need?):

Start date of leave: _____ End date of leave (if known): _____

Reason you need leave (please check any of the following that apply to you):

I am requesting leave because ***I am not able to work or telework (i.e., work "from home")*** because:

___ **1. I am subject to a federal, state, or local quarantine or isolation order* related to COVID-19**

- Please attach a copy of the quarantine or isolation order

***Note:** This must be a personal/individual order, not a generally applicable "Safer at Home" order, such as the orders Governor Stitt and Mayor Bynum have issued.

___ **2. A healthcare provider has advised me to self-quarantine due to concerns related to COVID-19**

- If available, please attach documentation from your health care provider. If documentation is not available, provide the name, address and telephone number of the health care provider and state how long they have recommended that you self-quarantine:

___ **3. I am personally experiencing symptoms of COVID-19 and am seeking a medical diagnosis**

- If available, please attach documentation from your health care provider confirming that you are seeking a diagnosis.

___ **4. I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order, or who has been ordered to quarantine or isolate by a healthcare provider due to COVID-19 (i.e., someone who falls into category 1 or 3 above)**

- Name of individual for whom you are caring: _____
- Your relationship to the above individual: _____
- If available, please attach copy of the quarantine or isolation order or documentation from the individual's healthcare provider advising the individual to self-quarantine

___ **5. I am caring for my child whose school or place of care is closed or whose child care provider is unavailable due to reasons related to COVID-19**

- Name(s)/age(s)* of child(ren): _____
- Your relationship to child(ren): _____
- School, place of care, or child(ren)'s care provider's:
Name: _____
Address: _____
Phone Number: _____

- Have you taken any leave covered by the Family and Medical Leave Act (FMLA) leave in the last 12 months? ___ Yes ___ No ___ I'm not sure

- Please attach documentation that the school, place of care, or child(ren)'s care provider is closed or unavailable (not necessary if child attends a K-12 public school in Oklahoma)

***Note:** The child(ren) you are caring for must be under age 18, unless they are incapable of self-care because of a physical or mental disability. If you are requesting leave to care for your child who is age 18 or over, please attach documentation from a health care provider stating that your child is incapable of self-care because of a mental or physical disability.

N/A 6. I am experiencing a substantially similar condition, as specified by the Secretary of Health and Human Services

- THIS TYPE OF LEAVE IS CURRENTLY UNAVAILABLE AND WILL ONLY BECOME AVAILALE IF/WHEN THE SECRETARY OF HEALTH AND HUMAN SERVICES SPECIFIES ANY "SUBSTANTIALLY SIMILAR CONDITIONS"

___ 7. I am caring for a disabled member of my immediate family* (other than my child) whose normal place of care/care provider during my regular work hours is closed or unavailable due to COVID-19

- Name of family member: _____
- Relationship to employee: _____
- Place of care's/care provider's:
Name _____
Address _____
Phone Number _____
- Please attach documentation from a health care provider establishing the immediate family member is incapable of self-care because of a mental or physical disability
- Please also attach documentation that the place of care or care provider is closed or unavailable
***Note:** For purposes of district COVID-19 leave, "immediate family member" includes husband, wife, mother or father

___ 8. I am age 65 or older or have a serious underlying health condition (i.e., I am a "vulnerable individual" as defined in Governor Stitt's and Mayor Bynum's Safer-At-Home Orders) and desire to self-quarantine

- If age 65 or over, your date of birth is: _____
- If you are under age 65, please attach documentation from a health care provider confirming that you have a serious underlying health condition, if available.

___ 9. Other (if none of the above apply to you, please explain the reason you believe you need leave due to COVID-19):

If you are requesting leave for reason "5" above:

Have you taken Family and Medical Leave Act (FMLA) leave for any reason in the last 12 months? ___ Y ___ N

Have you been employed by the district for at least 30 days since your most recent hire date? ___ Y ___ N

If no, were you previously employed by the district at any point? ___ Y ___ N

- Employees are advised that use of FMLA+ leave for reason "5" above will result in a reduction of the employee's available FMLA leave for other FMLA-covered reasons for 12 months from the date leave is used.

Inability to work or telework:

COVID-19 leave of any type is only available if an employee is unable to work or telework.

Has an opportunity to telework (work from home) been offered to you? ___ Y ___ N

- *If you answered “no” to either question, and would prefer to telework rather than take leave, please speak with your supervisor*
- *If you answered “yes” to either question, please explain why you cannot telework. If you would like to telework, but need a reasonable accommodation to do so, please explain:*

Your application for COVID-19 leave will be processed as quickly as possible. You will receive a notice providing individualized details about whether/what leave will be approved for you. For general information regarding the types of leave which might be available, please visit [COVID-19 Leave FAQ document](#).

I affirm that the information contained in this form is true and correct to the best of my knowledge and belief. I understand that any misrepresentation on this form may result in non-approval of my leave request and possibly discipline, up to and including termination of employment.

Employee Signature

Date

Received by Talent Management on:	By