

**LaVega Independent School District  
Employee Request for Families First Coronavirus Response Act Leave**

Type or Print

1. Name of employee (First Name, Middle Initial, Last Name)

2. Employee's position & campus or department

3. Type of Leave Requested (Select one or both):  FFCRA Paid Sick Leave  FFCRA Paid Expanded FMLA

**4. Reason for requested leave.**

Under the FFCRA, an employee qualifies for paid sick time if the employee is unable to work (or unable to telework) due to a need for leave because the employee:

**Paid Sick Leave – A full-time employee is eligible for 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. Paid at either the regular rate of pay, up to \$511 per day and \$5,110 in the aggregate.**

1.  Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2.  Has been advised by a health care provider to self-quarantine related to COVID-19;
3.  Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;

**Paid Sick Leave – A full-time employee is eligible for 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. Paid at 2/3 of the regular rate up to \$200 per day and \$2,000 in the aggregate over a two-week period.**

4.  Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
6.  Is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury;

**Paid Expanded FMLA – A full-time employee is eligible for up to 12 weeks (two weeks of paid sick leave followed by up to 10 weeks of paid expanded FMLA) 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. Paid at 2/3 of the regular rate up to \$200 per day and \$12,000 in the aggregate over a 12-week period.**

5.  Is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

**NOTE. ALL employees are eligible for Paid Sick Leave. Employees who have been employed for at least 30 days are eligible for Paid Expanded FMLA.**

6. Date on which you wish to commence leave: \_\_\_\_\_

7. Date of anticipated return to work: \_\_\_\_\_

8. Are you requesting leave on an intermittent or reduced be leave schedule?

9. If "yes," please give schedule of when you anticipate you will unavailable for work.

Yes  No

Date: \_\_\_\_\_

**10. Documentation to support the type of leave should be attached to this request.**

An employee seeking leave because of reason "3" and "6" above must provide a fitness-for-duty medical certification of ability to perform job duties before being allowed to resume work.

Employee Signature

Date

Refer to the [FFCRA Employee Paid Leave Rights](#) for more information.