**WASHINGTON COUNTY SCHOOL BOARD**

**Families First Coronavirus Response Act (FFCRA)**

**An Emergency FMLA Expansion**

**This provisions of this leave act will apply from April 1, 2020 through December 31, 2020**

Eligible employee: Employed at least 30 calendar days prior to request.

Qualified Need: Employee is unable to work (or telework) due to a need for leave to care for their child under 18 years of age, because:

1. Elementary or secondary school or place of care has been closed due to a public health emergency; or
2. Child care provider of such son or daughter is unavailable due to a public health emergency.

This FMLA Expansion is for a maximum of twelve weeks. The first 10 days of this act is unpaid (employee may request emergency sick leave).

Applicant should confirm that each statement below is true by placing your initials in the appropriate box.

|  |  |
| --- | --- |
|  | I am unable to work due to closure of my child(ren)’s school / child care provider due to a COVID-19 concerns. |
|  | I am unable to telework due to the school / child care provider closure. |
|  | I understand that I may be eligible for paid leave under the Emergency Paid Leave Act at 2/3 of the greater of minimum wage or my regular salary rate, up to $200.00/day during the first 10 days of this leave act and for the duration of my available FMLA leave. |
|  | I do \_\_\_\_ or do not\_\_\_\_\_\_ want to substitute my accrued paid leave for unpaid leave during the first 10 days of qualifying leave.  If electing substitution of accrued paid leave, I wish my accrued paid leave to be substituted to the maximum extent possible , or, as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Employee printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting that my leave begin on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your request is: \_\_\_\_\_approved or \_\_\_\_\_ denied

If denied, your request is denied for the following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If approved, your leave will be administered as follows:

Days 1 – 10: \_\_\_\_\_ unpaid; \_\_\_\_\_ use of my own accrued leave; or

\_\_\_\_\_use of Emergency Paid Sick Leave (additional leave form attached)

Days 11 and beyond: You will receive 2/3 your daily rate of pay or up to $200.00 per day. Not to exceed a total of $12,000. The maximum period for Emergency FMLA is twelve weeks.