



# Families First Coronavirus Response Act Emergency Paid Sick Leave Form

Employee's Name:				Employee ID #:	
ESP Hourly Substitute	ESP over 30 hours	Licensed Hourly Licensed over 20 hours	Administrator	Mobile Number:	
Position:		Work Location:		Immediate Supervisor:	
First Day Missed for Emergency Sick Leave			Date of Return for Emergency Sick Leave		

Due to the unprecedented events caused by COVID-19, the U.S. Congress passed the “Families First Coronavirus Response Act,” which expires December 31, 2020. A section of the Act grants employees with emergency paid sick leave, which provides that an employee is entitled to two weeks (up to 80 hours) of paid sick leave if they have worked for the District for at least thirty (30) days and meets one of the following six (6) qualifying conditions:

<b>Qualifying Condition Must Be Marked</b>	
<p>An employee qualifies for paid sick time if the employee is unable to work, including working remotely, due to a need for leave because the employee: (Documentation may be required)</p> <ul style="list-style-type: none"> <li>1-is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li> <li>2-has been advised by a health care provider to self-quarantine related to COVID-19;</li> <li>3-is experiencing symptoms of COVID-19 and seeking medical diagnosis;</li> <li>4-is caring for an individual subject to an order described in (1) or self quarantined in (2);</li> <li>5-is caring for their son or daughter whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; (If leave is needed beyond the initial 2 weeks, contact the Human Resources Department) or</li> <li>6-is experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.</li> </ul>	
<ul style="list-style-type: none"> <li>➤ Conditions 1-3 are paid at the employee's regular rate of pay for two weeks (up to 80 hours)</li> <li>➤ Conditions 4-6 are paid at 2/3<sup>rd</sup> of the employee's regular rate of pay for two weeks (up to 80 hours)</li> </ul> <p><b>MAX PAY PER DAY: (\$511 for qualifying conditions - 1,2,3), (\$200 for qualifying conditions - 4,5,6)</b></p>	
<p><b>Documentation Requirements</b></p> <p>You must provide documentation of the reason for the leave, such as the source of any quarantine or isolation order, or the name of the health care provider who has advised you to self-quarantine. If you are requesting expanded family and medical leave (condition #5), you must provide appropriate documentation in support of such leave. For example, this could include a notice that has been posted on a government, school, or day care website, or published in a newspaper, or documentation from an official of the school, place of care, or child care provider.</p>	
<p><b>Employee Certification</b></p> <p>I am unable to work, or work remotely, for the reasons and dates noted above. I certify that the information I have provided is accurate and correct. I understand that it is my responsibility to notify my supervisor immediately if there is any change to my leave request above.</p>	
Employee Signature:	Date:



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<i>HUMAN RESOURCES USE ONLY</i>	
Emergency Sick Begin Date:	Emergency Sick End Date:
<b>CHECK LIST:</b>	<input type="checkbox"/> Quarantine/Isolation letter received only for Condition 1 <input type="checkbox"/> Email Sent to Employee <input type="checkbox"/> Email Sent to Supervisor & Administrative Assistant
Human Resources Signature:	Date:

## **HOW TO SUBMIT FORMS**

Fax: 801-826-5374  
Email: [alyce.llewelyn@canyonsdistrict.org](mailto:alyce.llewelyn@canyonsdistrict.org)