Columbia School District
Kids First!

Families First Coronavirus Response Act (HR 6201) Request Form

PLEASE TYPE OR PRINT

Name: Last	First	Middle	Phone Number	Employee Number (DO use only)

Street Address/PO Box	City	State	Zip Code

Date Leave Requested From:	Date Leave Requested To:	Requesting Continuous or Intermittent Time: ☐ Continuous ☐ Intermittent	Department / Site

INSTRUCTIONS:

Select a reason below for your Emergency Paid Sick Leave request and/or the Expanded Family Medical Leave Act request and attach the required document. Both sections (4) and (5) require a written statement of reason:

I am requesting Emergency Paid Sick Leave (EPSL) and/or the Extended FMLA under the Families First Coronavirus Response Act (HR 6201) for the following reason(s):

☐ (1) I am ***subject to quarantine or isolation order related to COVID-19 by federal, state, or local government***

- ☐ I have attached a copy of the documentation from the government entity or health care provider that issued the order **or;**
- ☐ I completed section (1) of page two

☐ (2) I have ***been advised to self-quarantine related to COVID-19 by a healthcare provider***

- ☐ I have attached a copy of the documentation from the health care provider who gave the advice **or;**
- ☐ I completed section (2) of page two.

☐ (3) I am experiencing COVID-19 symptoms and seeking medical diagnosis

- ☐ I completed section (3) of page two

☐ (4) I am caring for an individual who is subject to (***1***) or (***2***) above: (must check two boxes for completion)

- ☐ I have attached a copy of the documentation from the government entity or health care provider that issued the order **or**;
- ☐ I completed section (1) of page two;
- ☐ **And**, I have included a statement on section (4a) of page two that no other suitable person is available to care for the individual.

☐ (5) I am caring for a dependent child (under 18) whose school or place of care is closed or whose caregiver is unavailable due to COVID-19 precautions: (must check two boxes for completion)

- ☐ I have attached documentation from my child's school, placement of care facility, or caregiver **or**;
- ☐ I completed section (5) of page two.
- ☐ **And**, I have included a statement on section (4a) of page two that no other suitable person is available to care for my child.

☐ (6) I am experiencing a "substantially similar condition" as specified by federal agencies

- ☐ I completed section (6) of page two

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Employee's Name:	Worksite Location:	Supervisor:

This form is to be filled out if from page 1 you checked boxes (1), (2), or (3) and do not have documentation to attach, or you checked off boxes (4) or (5).

(1) *Government entity and/or health care provider that issued the order*:
Name: _____
Address: _____
Telephone: _____

(2) *Government entity and/or health care provider that issued the order*:
Name: _____
Address: _____
Telephone: _____

(3) *Government entity and/or health care provider that you will be seeking medical advice from*:
Name: _____
Address: _____
Telephone: _____

(4) *Individual you are caring for and the relationship to employee of the Columbia Elementary School District, and the government entity and/or health care provider that issued the order*:
Name of Individual: _____
Relationship: _____
Name of government entity or health care provider: _____
Address: _____
Telephone: _____
4a) Statement of reason: _____
_____
_____
_____

(5) *Dependent child and school, place of care, or caregiver*:
Name of child: _____ Age of child: _____
School/place of care/caregiver: _____
Address: _____
Telephone: _____
5a) Statement of reason: _____
_____
_____
_____

(6) *Government entity and/or health care provider that you will be seeking medical advice from*:
Name: _____
Address: _____
Telephone: _____

My signature below assures that I meet the criteria listed above and qualify for EPSL and/or the EFMLA as I am unable to work, either at an assigned work site or in a remote assignment offered by the Columbia Elementary School District.

_____ _____
Signature *Date*