



FORM/EFMLA ELIGIBILITY FORM

Employee Name: _____

School: _____ Employee Phone: _____

Date to Begin Leave: _____ Date to End Leave: _____

Choose One	
Under the FFCRA, an employee qualifies for paid leave if the employee is unable to work (for unable to telework) due to a need for leave because the employee:	
<input type="checkbox"/>	1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 <i>Name of government entity that issued the quarantine or isolation order to which the employee is subject:</i> _____
<input type="checkbox"/>	2. Has been advised by a health care provider to self-quarantine related to COVID-19 <i>Name for the health care provider who advised employee to self-quarantine for COVID-19 related reasons:</i> _____
<input type="checkbox"/>	3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis
<input type="checkbox"/>	4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2) <i>Provide either (1) the government entity that issued the quarantine or isolation order to which the individual is subject or (2) the name of the health care provider who advised the individual to self-quarantine, depending on the precise reason for the request:</i> _____
<input type="checkbox"/>	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 <i>Name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons:</i> _____
	If you chose number 4 or 5 please complete the following: Relationship of the person you are caring for: _____ If child or children, date of birth: _____
<input type="checkbox"/>	6. Is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

Duration of Leave

- For reasons 1-4 and 6: A full-time employee is eligible for up to 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.
- For reason 5: An employee is eligible for up to 12 weeks of leave (or up to the number of hours that the employee is normally scheduled to work over 12 weeks). If eligible, duration of approved leave will be based on prior or existing FMLA leave.

Calculation of Pay

- For leave reasons 1, 2, or 3: employees taking leave are entitled to pay at their regular rate, up to \$511 per day and \$5,110 total.
- For leave reasons 4 or 6: employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$2,000 total.
- For leave reason 5: employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$12,000 total.

Documentation Requirements

- 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 (reason 5), you must provide appropriate documentation in support of such leave. For example, this could include a notice that has been posted on a school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

Employee Certification

Employee Signature: _____

Date: _____

Please submit completed form to Human Resources at toni.eubanks@hcsk12.net