

**Lackland 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.