



Families First Coronavirus Response Act (FFCRA) Leave Request Form

Employees requesting Emergency Paid Sick Leave **and/or** Emergency Family and Medical Leave Expansion Act (EFMLEA) leave under the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it via email to Human Resources at LeaveSpecialist@muscogee.k12.ga.us

Employee Information:					
Name:		Empl ID#: <i>If available</i>		Work Location	
Address:					
Job Title:		Phone:		Email:	
Emergency Contact Information:					
Name:		Phone:		Email:	
Supervisor Information:					
Name:		Phone:		Email:	

This is a (Choose one):	New Request for Leave	Request for an Extension of Leave
Leave Type :	Emergency Paid Sick Leave (EPSL)	Emergency FML Expansion Act (EFMLEA) Leave
Anticipated Start Date of Leave:		Expected End of Leave Date:

Leave Request Details -- I am unable to work (or telecommute) for the following reasons (*check all applicable*):

- Are subject to a Federal, State or local quarantine or isolation order related to COVID-19.
- Were advised by a health care provider to self-quarantine due to COVID-19.
- Are experiencing COVID-19 symptoms and are seeking a medical diagnosis.
- Are caring for an individual that is subject to an order described in bullet #1 or self-quarantine as described in bullet #2.
- Must care for your child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons and cannot perform job remotely*
- Find yourself experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

* You may be eligible for Emergency Family and Medical Leave Expansion Act (EFMLEA) leave provided you have not exhausted FMLA in the past 12-month period and have been on MCSD's payroll for at least 30 calendar days.

I will need a/an (You May Choose Both):	Continuous Leave	Intermittent Leave
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For Intermittent Leaves, please indicate the following: accrued time you will use; if any, and the intermittent Schedule)

(Continued on Page 2)

Please check each statement to denote you understand and agree to the following provisions:

I understand and agree to the following provisions:

- I understand I may be asked to provide supporting documentation for the leave I am requesting.
- I understand I may be eligible for up to 12 weeks of EFMLEA leave and this leave may be taken intermittently.
- I understand depending on how much FMLA leave I have already taken; I may have already exhausted my FMLA leave for the period or may only be entitled to a portion of leave under FFCRA.
- I understand any time taken under EFMLEA is unpaid and I am required to use my accrued sick leave, my accrued vacation leave, or personal time during this period as per Policy GARH.
- I understand if I use my personal time towards this request; I may be asked to use vacation time towards our November Break. **(Applies to 249 and 240 Employees Only)**
- I understand I can also use the paid sick leave under the Emergency Paid Sick Leave Act to cover these first 10 days and that the remaining period of the 10 weeks is paid at 2/3 regular rate of pay but may be subject to federal limitations.
- I understand after 12 weeks or the amount of approved leave is exhausted I must notify my supervisor and Human Resources of my intent to return to work.
- I understand I will be given state premium sharing toward the cost of health insurance while on EFMLEA leave. I will be billed or the amount will be deducted from per normal practice until my accrued time is exhausted or I return to work.
- I understand continuation of group insurance is subject to the conditions and policies of MCSD relating to coverage while on leave without pay.

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond the above-scheduled return date, I may be subject to disciplinary action and or termination for job abandonment.

Employee Signature: _____

Date: _____

FOR HUMAN RESOURCES USE ONLY

Leave Request Denied for the following reason/s:

Leave Request Approved As Follows (**Select One**): New Request for Leave Request for an Extension of Leave

Emergency Paid Sick Leave :

Earnings Code	Timesheet Code	Description

Emergency Family Medical Leave Expansion Act (EFMLEA):

Earnings Code	Timesheet Code	Description

Anticipated Start Date of Leave: _____

Expected End of Leave Date: _____

Choose One: Continuous Leave Intermittent Leave
Schedule for intermittent leave: _____

Substitution of Paid Leave:

Vacation (Hours) _____ Sick Leave (Hours) _____ Personal Time (Hours) _____

DHR Representative Name (Please Print) _____

DHR Representative Signature _____

Date _____

RETURN TO THE DIVISION OF HUMAN RESOURCES
2960 Macon Road, 2nd Floor
Columbus, GA 31906
LeaveSpecialist@muscogee.k12.ga.us