TOWNSHIP OF FRANKLIN PUBLIC SCHOOLS

FAMILIES FIRST CORONAVIRUS RESPONSE ACT
Emergency Paid Sick Leave and Expanded Family and Medical Leave Request Form

The Federal Families First Coronavirus Response Act takes effect April 1, 2020 to December 31, 2020, and gives certain workers access to emergency paid leave to care for themselves or a loved one, or to care for their children at home, due to coronavirus. This form is to be used to request a leave action under the Families First Coronavirus Response Act.

Directions: Complete all information and submit to Troy Walton, Superintendent, via email (twalton@franklintwpschools.org). Once submitted, it will be reviewed. A meeting may be scheduled with you to review and finalize your leave action.

Employee Name	Employee ID Number
Date Submitted	Supervisor
Title/Position	School/Building
Leave Start Date	Leave End Date
Total Hours Requested	Date of Employment

****

I certify that I am <u>unable</u> to work (or telework) for the following reason:

☐ I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working.

- Name of the government entity issuing the order: _____

☐ I have been **advised by a health care provider to self-quarantine** because of concerns related to COVID-19.

- Name of the advising healthcare provider: _____

☐ I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis.

PLEASE COMPLETE OTHER SIDE

☐ I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19.

- Name of person I am caring for and our relationship: _____
- Name of the government entity issuing the order: _____

OR

- Name of the advising healthcare provider: _____

☐ I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. **I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.

- Name(s) and age(s) of child(ren): _____
- Name of closed school(s) or place(s) of care: _____

☐ I am experiencing **other conditions substantially similar** to COVID-19 as specified by the Department of Health and Human Services.

☐ I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, and up to and including termination.

Employee Signature: _____

If signing electronically, please type your full name, followed by "e-signed".