



# FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) LEAVE REQUEST FORM

AVAILABLE THROUGH 12/31/2020

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Position Title: \_\_\_\_\_

Site / Department: \_\_\_\_\_

### Type of Request – Select all that apply:

#### Emergency Paid Sick Leave (Self)

Intermittent       Consecutive

Dates of Leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Eligibility: First day of employment.

Compensation: Up to 80 hours of paid leave at regular rate of pay, to a maximum of \$511/day and \$5,110 total.

Select one of the following:

- I am unable to work due to a government-issued quarantine or isolation order.
- I am unable to work due to direction to self-quarantine by a healthcare provider or employer.
- I am unable to work due to symptoms of COVID-19 and I am seeking diagnosis by a healthcare provider.
- I am unable to work due to “a substantially similar condition” as specified by certain federal agencies.

#### Emergency Paid Sick Leave (Caregiver)

Dates of Leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Intermittent       Consecutive

Eligibility: First day of employment.

Compensation: Up to 80 hours of paid leave at 2/3 of regular rate of pay, to a maximum of \$200/day and \$2,000 total.

Select one of the following:

- I am unable to work because I am the primary caregiver for someone with a COVID-19 related condition.  
Name of Person Needing Care: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_
- I am unable to work because my dependent child’s school or childcare is closed due to COVID-19.  
Name(s) & age(s) of dependent children in household: \_\_\_\_\_  
Name(s) of school(s) or childcare that is/are closed: \_\_\_\_\_

**NOTE:** Please contact your Payroll/Benefits Technician if you wish to use earned leave balances in Illness/Personal Necessity or Vacation leave plans to offset the 2/3 pay.

#### Public Health Emergency Paid Family Leave

Intermittent       Consecutive

First 10 Days: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates of Paid Leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Eligibility: Employee must have been employed for at least 30 days.

Compensation: First 10 days are unpaid, although, an employee may choose to use any available paid leave during this 10-day period; remaining days are paid at 2/3 of regular rate of pay, to a maximum of \$200/day or \$10,000 total.

- I am unable to work because my dependent child’s school or childcare is closed due to COVID-19.  
Name(s) & age(s) of dependent children in household: \_\_\_\_\_  
Name(s) of school(s) or childcare that is/are closed: \_\_\_\_\_

**NOTE:** Please contact your Payroll/Benefits Technician if you wish to use earned leave balances in Illness/Personal Necessity or Vacation leave plans to offset the 2/3 pay.

I hereby attest that I meet the criteria listed above and qualify for Emergency Paid Leave as I am unable to work, either at an assigned work site or in a remote assignment offered by CVUSD. I understand that misuse of this leave is grounds for disciplinary action and CVUSD may require repayment of leave benefits extended to me in good faith.

_____ Employee Signature	_____ Date
_____ Supervisor Approval	_____ Date
_____ Personnel Approval	_____ Date

FOR PAYROLL USE	
_____ Approved By (Payroll)	_____ Date
_____ Leave Entered By	_____ Date
_____ Payroll Review	_____ Date

**Employee:** Complete and submit form to your supervisor.  
**Supervisor:** Email completed form to [HR@cajonvalley.net](mailto:HR@cajonvalley.net).

NOTE: Up to 80 hours OR (2) weeks depending on your classification. Total is a combination from both boxes (Self and Caregiver), not each.