#### SAN ANGELO INDEPENDENT SCHOOL DISTRICT

# Leave Request Emergency Paid Sick Leave and Expanded Family and Medical Leave

Name	Employee ID
Campus/Dept	Position
District Email	Phone #
Today's Date	Leave Dates Requested

Leave benefits under the Families First Coronavirus Response Act (FFCRA) apply for the limited time period of *April 1, 2020 to December 31, 2020*. The amount of paid leave an employee may receive will vary depending on the reason leave is taken. Detailed information is available in the Employee Rights notice on the SAISD website at <a href="https://www.saisd.org/docs/payroll/FFCRA">www.saisd.org/docs/payroll/FFCRA</a> Poster WH1422 Non-Federal.pdf.

An employee requesting Emergency Paid Sick Leave (EPSL) and Expanded Family and Medical Leave (EFML) must complete this form as soon as the need for leave is identified. Supporting documentation must also be submitted with this request form.

This completed form and documentation are to be submitted by email to <a href="mailto:kathy.jordan@saisd.org">kathy.jordan@saisd.org</a> or to:

San Angelo ISD Benefits Office

Attn: Kathy Jordan 1621 University Avenue San Angelo, TX 76904

Emergency Paid Sick Leave (EPSL) is limited to 80 hours of paid leave at the following rates:

- For self regular rate of pay up to \$511 per day
- For care of an individual or a child two-thirds (%) the regular rate of pay up to \$200 per day

Expanded Family and Medical Leave (EFML) provides up to 12 weeks of leave to care for a son or daughter when school is closed or child care is unavailable due to COVID-19. The first two (2) weeks are unpaid, although the employee may access EPSL or other paid leave during this time. The remaining 10 weeks is two-thirds ( $\frac{2}{3}$ ) the regular rate of pay up to \$200 per day.

## Information regarding coordination of leave under the Family and Medical Leave Act (FMLA) and the Emergency Paid Sick Leave Act (EPSLA)/Expanded Family and Medical Leave (EFML)

- An eligible employee is entitled to paid sick leave under the Emergency Paid Sick Leave Act regardless of time already taken under the FMLA.
- Eligibility for Expanded Family and Medical Leave is dependent upon how much leave the employee has already taken during the 12-month period the district uses for leave under the FMLA.
- If the eligible employee has taken a portion of leave entitlement under the FMLA during the district's current 12-month period, the employee may be eligible for the remaining available leave.
- If the eligible employee has taken all leave under the FMLA during the 12-month period, the employee is not entitled to additional leave under the EFML.

#### SAN ANGELO INDEPENDENT SCHOOL DISTRICT

### **Leave Request**

### **Emergency Paid Sick Leave and Expanded Family and Medical Leave**

REASON(S) FOR LEAVE REQUES
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I request leave for the following reason(s):			
Self			
I'm subject to a federal, state, or loca	l quarantine or isolatio	on order related to COVI	D-19.
I've been advised to self-quarantine b	oy a healthcare provide	er.	
I'm experiencing symptoms of COVID	-19 and I am seeking a	medical diagnosis.	
I'm experiencing any other substantia and Human Services.	ally-similar conditions s	specified by the U.S. Dep	partment of Health
Care for another individual or a child			
I'm unable to work in order to care for available due to COVID-19.	or a minor child becaus	e their school is closed c	or child care is not
I'm unable to work in order to care fo	or an individual subject	or advised to quarantin	e or isolate.
USE OF LEAVE			
I choose to use:			
EPSL (Emergency Paid Sick Leave) dui	ring my absence		
My accrued paid leave for	days during my absen	ce	
FOR BENEFITS OFFICE USE ONLY			
Effective date of employment			٦
Lifective date of employment			
Medical certification provided	Yes	No	
Emergency Paid Sick Leave	Qualifies	Does not qualify	
Expanded Family & Medical Leave	Qualifies for	Does not qualify	
Expanded Family & Medical Leave	days / weeks	Does not quality	
Previous FML 12-month period effective			_
Trevious rivie 12-month period effective			
Previous FML taken	days / weeks		
Approved by:	Date approved:		