

**YAZOO COUNTY SCHOOL DISTRICT
FAMILY FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
Expanded Family Medical Leave (EFMLA)**

Yazoo County School District is required to comply with FFCRA that provides for the offering of Expanded Family Medical Leave (EFMLA). EFMLA is offered when an employee is unable to work or telework in order to care for their child(ren) whose school or place of care is closed or unavailable due to COVID-19 related reasons.

- I. The Expanded Family Medical Leave (EFMLA) provides an additional qualifying reason to be eligible for Family Medical Leave (FMLA).
- II. There is only one 12-week leave allotment for FMLA.
 - a. Employees may be approved for FMLA according to the qualifying reasons in YCSD Board Policy GBRIA OR according to EFMLA provision explained herein OR a combination of the two
- III. The FFCRA EFMLA provision does not alter the way the regular FMLA works and all existing rules and regulations remain in effect

**YAZOO COUNTY SCHOOL DISTRICT - EMPLOYEE REQUEST FORM - EXPANDED FMLA
(For use June 2, 2020 through December 31, 2020)**

Employees may be entitled to Expanded FMLA (EFMLA) in accordance with the Families First Coronavirus Response Act (FFCRA) if they meet specific standards. Employees can complete this form and submit it or any questions to covid@yazoo.k12.ms.us.

Employee Name: _____
Mailing Address: _____ E-mail: _____
Home Phone Number: _____ Alternate Phone Number: _____
Employment Start Date: _____ *Employees must have worked for the school district for 30 days to be eligible for EFMLA*
Expected Begin Date of Leave: _____ Expected Return to Work Date: _____

REASON FOR LEAVE

Employees satisfying the standards noted below are eligible for up to 12 weeks of leave. The first two weeks of the leave are unpaid unless the employee selects available options in the next box. The remaining leave period, up to 10 weeks, are paid at 2/3 of the employee's regular compensation rate, capped at \$200 per day and \$10,000 in the aggregate, unless other options are selected on this form. Please select the applicable reason and follow the applicable instructions.

- I am unable to work or telework because I need to care for my child under the age 18 because my child's elementary or secondary school, childcare provider, or child's place of care is closed or is unavailable due to a public health emergency. During this period of unavailability or closure, **I represent that no other person will be providing care for my child during the period for which I am on Expanded Family Medical Leave.**

Name(s) and Age(s) of Child or Children: _____

Name of closed school or place of care: _____

If the age of one or more of the children is 14 or older, the following special circumstances exist requiring me to care for the child during daylight hours:

SUBSTITUTION OF PAID LEAVE FOR FIRST TEN DAYS OF EFMLA

In accordance with the FFCRA, the first ten days of EFMLA is unpaid, however you may be eligible to use:

1. Emergency Paid Sick Leave provided through the FFCRA to cover this period at 2/3 pay.
2. Personal accumulated leave at the applicable pay rate according to available balances.

Please indicate if you would like to use paid leave during the first 10 days of your absence Requested leave is subject to availability based on confirmation by the School District.

- Personal Accumulated Leave
- Emergency Paid Sick Leave - *Must complete an Employee Request Form for EPSL to submit with this form.*

SUPPLEMENT 2/3 PAY WITH PERSONAL ACCUMULATED LEAVE

An employee on EFMLA at 2/3 pay may choose to supplement the 2/3 pay provided through EFMLA with personal accumulated leave to earn full compensation. Please indicate if you would like to use your personal accumulated leave during your EMLA absence to supplement your 2/3 EFMLA compensation.

_____ Yes, use my personal accumulated leave so that I can receive full pay

_____ No, do not use my personal accrued sick leave, I only want to receive 2/3 pay

CONSECUTIVE OR INTERMITTENT LEAVE

Consecutive leave means the employee will not complete any district duties during this period but will be compensated based on the options selected above.

Intermittent leave means an employee will complete some district duties on a modified schedule as approved by the employee's supervisor. When using intermittent leave, the employee will receive full regular pay for hours worked and 2/3 of regular pay during periods on EFMLA unless supplemented in a manner noted above.

I am requesting (choose one): • Consecutive leave • Intermittent leave

If your need for leave is intermittent, please describe the requested schedule for your intermittent leave (attach additional sheet if needed):

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is truthful and complete. I understand that misrepresenting my need for leave is grounds for discipline, up to and including termination. I also understand that if I fail to report for work on or before the scheduled return date indicated above or fail to communicate changes in the dates/schedule with my supervisor, I may be subject to discipline in accordance with School District Policy.

Employee Signature: _____ Date: _____

FOR SCHOOL DISTRICT USE ONLY

Request Received By: _____ Date: _____

Leave Approved By: _____ Date: _____

Period of Leave: _____

Intermittent Leave Schedule if applicable: _____

Duration and Type of Substituted Leave for First Ten Days Approved: _____

Duration and Type of Supplemental Leave to Earn Full Pay Approved: _____

The School District will retain all records related to this leave request for at least 4 years for auditing purposes.