

INSTRUCTIONS:

This form should only be filled out if you are unable to work from home.

Jackson County Central Schools provides eligible employees with emergency paid sick leave under certain conditions. JCC's standard sick leave policy can be found in the applicable employee master agreement, found on our website at <https://www.jccschools.com/hr>.

You may take emergency paid sick leave if you are unable to work (or telework) because:

1. You are subject to a federal, state, or local quarantine or isolation order related to COVID-19;
2. You have been advised by a health care provider to self-quarantine because of COVID-19;
3. You are experiencing symptoms of COVID-19 and are seeking a medical diagnosis;
4. You are caring for an individual or are advised to quarantine or isolate;
5. You are caring for a child whose school or place of care is closed, or whose childcare provider is unavailable, due to COVID-19 precautions; or
6. You are experiencing substantially similar conditions as specified by the CDC.

To request a leave under the Families First Coronavirus Response Act (FFCRA):

- Please review and complete the form below.
- Once completed, please submit this form to Emily Anderson emily.anderson@jccschools.net.
- Please be sure to include requested documentation with the form, if possible.
- You will receive follow-up once your request has been reviewed and a determination has been made if it is approved or denied.
- We may request for additional information if needed to determine FFCRA eligibility.

Prior to your return:

- Please notify Emily Anderson before you return to work at emily.anderson@jccschools.net or 507 847 3608
- If you have questions about returning to work, contact our school nurse Alyssa Anderson alyssa.anderson@jccschools.net or 712 260 0288

Thank you!



FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

(You must complete this form if asking for benefits under the FFCRA)

Name		Employee #		Home Phone	
Position		Location		Supervisor	
Absence Information: <input type="checkbox"/> This is a new request <input type="checkbox"/> This is an update or change to an existing request					
Requested Dates	Start:		Anticipated Return:		
Type of leave: <input type="checkbox"/> Medical <input type="checkbox"/> Child Care					
M E D I C A L	Employee's Leave (please check 1 box)				
	<input type="checkbox"/> Subject to Quarantine by Federal/State/Local Quarantine order <input type="checkbox"/> Advised to Self-Quarantine Documents Requested: Copy of Quarantine Notice or recommendation to self-quarantine				
	<input type="checkbox"/> Have an underlying condition that puts you at high-risk per the CDC, except age (unless you have a different underlying condition in addition to age) Documents Requested: Anything that would show that diagnosis, including past visit summaries from on-line medical charts				
C H I L D C A R E	<input type="checkbox"/> Have been diagnosed with COVID-19 or are seeking diagnosis Documents Requested: If possible, doctor's visit summary/appointment notice				
	<input type="checkbox"/> Family Medical to care for _____ who is subject to quarantine, or advised to self-quarantine due to concerns related to COVID-19 (state relationship of person to you.) Documents Requested: Copy of Quarantine Notice or recommendation to self-quarantine				
<input type="checkbox"/> Childcare Leave to care for employee's own child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons Documents Requested: Documentation of child care closing					

I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated. I must comply with my Labor Agreement regarding the eligibility and procedures for a Leave of Absence and this request is subject to HR approval. Any change in this leave must be communicated in writing to HR.

Employee Signature		Date	
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For Administrative use:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Request More Information			
Administrative Signature		Date	