



THE DISTRICT SCHOOL BOARD OF TAYLOR COUNTY

Dr. Danny Glover Jr., Superintendent

Bonnie Sue Agner DISTRICT 1

Brenda H. Carlton DISTRICT 2

Jeannie Mathis DISTRICT 3

Danny Lundy DISTRICT 4

Deidra Dunnell DISTRICT 5

FFCRA Emergency Sick Leave Form

Eligibility Criteria (please check one):

I am subject to a federal, state or local quarantine or isolation order related to COVID-19. (documentation required) *I understand I can receive up to 10 days of leave at 100% of daily rate of pay. Maximum amount is \$511 per day up to \$5,110 in the aggregate.

I was advised by a health care provider to self-quarantine due to concerns related to COVID-19. (documentation required) *I understand I can receive up to 10 days of leave at 100% of daily rate of pay. Maximum amount is \$511 per day up to \$5,110 in the aggregate.

I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (documentation required) *I understand I can receive up to 10 days of leave at 100% of daily rate of pay. Maximum amount is \$511 per day up to \$5,110 in the aggregate.

I am caring for an individual subject to a federal, state or local quarantine or isolation order or advised by a health care provider to self-quarantine due to COVID-19 concerns. (documentation required) *I understand I can receive up to 10 days of leave at 2/3 of daily rate pay. Pay is capped at \$200 a day up to \$2,000 in the aggregate.

I am caring for a son or daughter, under the age of 18, of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions. *I understand I can receive up to 10 days of leave at 2/3 of daily rate pay. Pay is capped at \$200 a day up to \$2,000 in the aggregate.

I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (documentation required) *I understand I can receive up to 10 days of leave at 2/3 of daily rate pay. Pay is capped at \$200 a day up to \$2,000 in the aggregate.

Required Additional Criteria:

I do not have the option to telework

I certify that the above information is accurate and that I have attached documentation, if required.

Print Name: Signature:

Administrator Signature: Date:

HR Use Only: Date Received: Eligible: Not Eligible: Reason: Date Medical Clearance Letter Received: Director of Human Resources: