

Name: _____

Requested leave dates: From _____ To _____

Reason for Leave:

- ___ 1. Employee is unable to work or telework because employee is subject to federal, state, or local quarantine or isolation order related to COVID-19.
*Please provide the name of the government entity that issued the quarantine or isolation order: _____
- ___ 2. Employee is unable to work or telework because employee has been advised by a health care provider to self-quarantine related to COVID-19.
*Please provide the name of the health care provider who advised you to self-quarantine due to concerns related to COVID-19 _____
- ___ 3. Employee is unable to work or telework because employee is experiencing COVID-19 symptoms and is seeking medical diagnosis. (e.g., time spent making, waiting for, or attending an appointment related to COVID-19).
- ___ 4. Employee is unable to work or telework because employee is caring for an individual subject to an order described in (1) or self-quarantined as described in (2). * Please provide the name of the government entity that issued the quarantine or isolation order or the name of the health care provider who advised the individual being cared for to self-quarantine: _____
- ___ 5. Employee is unable to work or telework because employee is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons.

*Please provide the following information:

Name of child being cared for: _____

Age of child being cared for: _____

Name of school, place of care, or childcare provider that has closed or become unavailable _____

No other suitable person (such as a co-parent, co-guardian, or the usual childcare provider) is available to care for the child during the period for which I am requesting FFCRA leave:

Correct/ Incorrect (please circle one).

I hereby certify that I am unable to work or telework because of the qualified reason stated above. I certify that this statement is true and accurate and understand that my employer is relying on my representations and that false representations may result in disciplinary action.

Employee Signature: _____

Date: _____

EPSLA – Emergency Paid Sick Leave Act

Reasons 1, 2 or 3 -

You are eligible for up to 80 hours of pay at your regular rate of pay, not to exceed \$511 per day (\$5,110 total). Part time employees will be paid the employees average number of hours over a regular 2-week period of time.

EFMLEA – Emergency Families and Medical Leave Expansion Act

Worked for Shelby Public Schools for at least 30 calendar days.

Reasons 4

2/3 - up to \$200 daily and \$2000 total

Worked for Shelby Public Schools for at least 30 calendar days.

Reason 5

You are eligible for up to 12 weeks of expanded FMLA and pay at 2/3 of your regular rate of pay, not to exceed \$200 per day and \$12,000 total. Part-time employees would be paid 2/3 the average number of hours worked over a regular 2-week period of time.

Please note, if you have already utilized 12 weeks of FMLA leave in the last 12 months, you are not eligible or may only be eligible for a portion of this benefit.

***Employees will be required to provide documentation for any COVID-19 related absences of paid leave provided by EPSLA or EFMLEA and outlined in the criteria above. This proof must come from a qualified doctor, the health department, or any other qualified healthcare professional. All appropriate documentation will need to be turned in to the employees' supervisor and/or the CBO. ***

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