Leave Request Form
Families First Coronavirus Response Act (FFCRA)

<table>
<thead>
<tr>
<th>Name</th>
<th>Employee ID</th>
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<tbody>
<tr>
<td>Department/campus</td>
<td>Position</td>
</tr>
<tr>
<td>Email</td>
<td>Phone number</td>
</tr>
<tr>
<td>Date</td>
<td>Duration of leave (specify dates requested)</td>
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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 FFCRA Employee Rights that can be found under the Family First Coronavirus Response Act in the Quick Links section on the Human Resources page of the Katy ISD website.

An employee requesting leave under the FFCRA Act must complete this form and return it to the appropriate Leave Specialist (see list of Leave Specialists below) as soon as the need for leave is identified.

Generally, the Act provides that employees of covered employers are eligible for:

- **Two weeks (up to 80 hours) of paid sick leave at the employee’s regular rate of pay** where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or

- **Two weeks (up to 80 hours) of paid sick leave at two-thirds the employee’s regular rate of pay** because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor; and

- **Up to an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee’s regular rate of pay** where an employee, who has been employed for at least 30 calendar days, is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19. *Documentation supporting need for this type of leave should be included when the request is submitted.*

Paid sick leave under FFCRA is limited to 80 hours of paid leave at the following rates:

- 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 twelve weeks of leave to care for a son or daughter when school is closed or child care is unavailable due to COVID-19.

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I request leave for the following reason(s):

**Self**

___ I’m subject to a federal, state, or local quarantine or isolation order related to COVID-19. (Up to two weeks/80 hours of paid sick leave.)

___ I’ve been advised to self-quarantine by a health care provider. (Up to two weeks/80 hours of paid sick leave.)

___ I’m experiencing symptoms of COVID-19 and am seeking a medical diagnosis. (Up to two weeks/80 hours of paid sick leave.)
LEAVE REQUEST FORM
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

____ I’m experiencing any other substantially-similar conditions specified by th U.S. Department of Health and Human Services. (Up to two weeks/80 hours of paid sick leave.)

Care for other individual or child

____ I’m unable to work in order to care for a minor child because their school is closed or child care is not available due to COVID-19. (Up to 12 weeks of paid expanded family and medical leave at two-thirds the employee’s regular rate of pay.)

*For school closure, documentation of (1) a minor child as a student (i.e.: copy of student ID, most recent report card, class schedule, etc.); and (2) documentation of school closure (i.e.: copy of District closure communication, posting on District website, etc.).

*For unavailable child care, please complete the attached Verification of Child Care Services form. This form must be resubmitted every two weeks for continued leave.

____ I’m unable to work in order to care for an individual subject or advised to quarantine or isolate. (Up to two weeks/80 hours of paid sick leave at two-thirds the employee’s regular rate of pay.)

This form must be emailed directly to a Leave Specialists in the Human Resources Department.

Leave Specialist:

<table>
<thead>
<tr>
<th>Last Names: A-F</th>
<th>Last Names: G-M</th>
<th>Last Names: N-Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloria Cerda</td>
<td>Lorraine Ponce</td>
<td>Ruth Sanchez Gaud</td>
</tr>
<tr>
<td><a href="mailto:GloriaCerda@katyisd.org">GloriaCerda@katyisd.org</a></td>
<td><a href="mailto:LorraineMPonce@katyisd.org">LorraineMPonce@katyisd.org</a></td>
<td><a href="mailto:RuthASanchezGaud@katyisd.org">RuthASanchezGaud@katyisd.org</a></td>
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VERIFICATION OF CHILD CARE SERVICES
for purposes under Family First Coronavirus Response Act (FFCRA)

To be completed by Owner/Operator of Child Care Facility:

Facility Name: ________________________________

Texas Child Care Lisence (CCL) Number: _________________________

Operation Status:

_____ Operational, but currently closed through ___________________________ (Date)

_____ Operational with limitations. Explain: ________________________________

______________________________

_____ No longer operational as of ___________________________ (Date)

______________________________ is currently enrolled in our child care program.

Child’s name

I certified that the information provided above is accurate and truthful.

______________________________   __________________________
Signature                                      Date

This form must be submitted every two weeks for continued leave under FFCRA