EMERGENCY PAID SICK LEAVE (EPSL)
REQUEST FORM
IN ACCORDANCE WITH THE TERMS OF THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

Name	**Employee ID**
Department/campus	**Position**
Email	**Phone number**
First Day of Absence: _____ / _____ / _____ MONTH DAY YEAR	**Last Day of Absence:** _____ / _____ / _____ MONTH DAY YEAR

Emergency Paid Sick Leave (EPSL) benefits under the Families First Coronavirus Response Act (FFCRA) have been extended through the end of June 30, 2021. The amount of paid sick 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 paid sick leave for qualifying COVID-19 related reasons must complete this form and email it to FFCRA@katyisd.org.

Employees 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.

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

- **100% for qualifiying reasons #1-3 below, up to $511 per day**
- **Two-thirds for qualifying reasons #4-5 below, up to $200 per day**

I request leave for the following reason(s):

Self

_____ #1. 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.)*

_____ #2. I've been advised to self-quarantine by a health care provider. (*Up to two weeks/80 hours of paid sick leave.)*

_____ #3. I'm experiencing symptoms of COVID-19 and am seeking a medical diagnosis. (*Up to two weeks/80 hours of paid sick leave.*)

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Care for other individual or child

_____ #4. 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 two weeks/80 hours of paid sick 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) documentaion of school closure (I.e.: copy of District closure communication, posting on District website, etc.).

*For unavailable child care, please complete the attached Verificaiton of Child Care Services form.

_____ #5. 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 should be emailed directly to FFCRA@katyisd.org.

*****IMPORTANT REMINDER*****

The date you may return to work is *not determined* by the number of paid sick leave days you receive.

You may return to work once you have met the criteria outlined in the District Mitigation Plan.

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VERIFICATION OF CHILD CARE SERVICES

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