

**ELDON SCHOOL DISTRICT**  
**FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**  
**EMERGENCY PAID SICK LEAVE (EPSL)/FMLA (EFMLA)**

**REQUEST FOR LEAVE**

**EPSL is paid for up to 80 hours based on the following criteria. EFMLA is available only if employee is unable to work in order to care for his/her child, under the age of 18, due to school or child care facility that is closed due to COVID-19. Up to 12 weeks of total FMLA leave can be used for Emergency FMLA and traditional FMLA combined. Refer to the FFCRA poster, posted on the school website, for additional information.**

Please indicate the reason for your request for leave and return the form to the HR Department.

- \_\_\_1) Employee is subject to Federal, State, or local quarantine or isolation order related to COVID-19.
- \_\_\_2) Employee is advised to self-quarantine by a health provider related to COVID-19.
- \_\_\_3) Employee is experiencing COVID-19 symptoms and seeking medical diagnosis.
- \_\_\_4) Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
- \_\_\_5) Employee is caring for his/her child whose school or childcare is closed or unavailable due to COVID-19 related reasons.
- \_\_\_6) Employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

\*You must provide a Physician note if requesting leave for #2, #3 or #4 AND you must provide a Physician release to return to work.

\*You must provide written notice from your daycare provider if requesting leave for #5 due to childcare closure.

I, \_\_\_\_\_, am requesting EPSL leave

beginning on \_\_\_\_\_. It is my responsibility to

provide the Eldon School District with the required paperwork for this leave.

I understand my EPSL Employee Rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date