



SADDLE BROOK SCHOOL DISTRICT

355 Mayhill Street, Saddle Brook, New Jersey 07663 Phone 201.843.1142 Fax 201.843.0216

REQUEST FOR EMERGENCY PAID SICK LEAVE AND/OR EMERGENCY FAMILY AND MEDICAL LEAVE UNDER THE FAMILY FIRST CORONAVIRUS RESPONSE ACT ("ACT")

Employee Name: _____

Date(s) for which leave is requested: _____

A. Request for emergency paid sick leave under the Act:

Please check one of the COVID-19 qualifying reasons for the emergency paid sick leave:

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. Name of the government entity that issued the quarantine or isolation order to which you are subject: _____
- 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of the health care provider who advised you to self-quarantine for COVID-19 related reasons: _____
- 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4. I am caring for an individual who is subject to an order of quarantine or isolation or is advised to self-quarantine.

Name of the government entity that issued the quarantine or isolation order to which the individual is subject: _____

Name of the health care provider who advised the individual to self-quarantine:

- 5. I am caring for a son or daughter whose school or place of care is closed, or childcare provider is unavailable, due to COVID-19 precautions. Provide all of the following and initial below:

The name of the child being cared for: _____ Age _____

The name of the school, place of care, or childcare provider that closed or became unavailable due to COVID-19 reasons: _____

I hereby represent that no other suitable person is available to care for my child during the period of requested leave. _____ (Initial Here)

- 6. I am experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

I understand the following limitations on pay:

Paid sick leave for reasons 1, 2, and 3 above for full-time employees is at employee's regular rate of pay for up to 80 hours limited to \$511 per day and \$5,110 total.

Paid sick leave for reasons 4, 5, and 6 above for full-time employees is paid at two-thirds employee's regular rate of pay limited to \$200 per day and \$2,000 total.

Paid sick leave for reasons 1, 2, and 3 above for part-time employees is the average hours worked over a two-week period limited to \$511 per day and \$5,110 total.

Paid sick leave for reasons 4, 5, and 6 above for part-time employees is paid at two-thirds employee's average hours worked over a two-week period limited to \$200 per day and \$2,000 total.

B. "Telework" under the emergency paid sick leave and emergency family and medical leave under the Act:

"Telework" means work the District permits or allows an employee to perform while the employee is home or at a location other than the employee's normal workplace.

An employee is able to telework if:

1. The District has work for the employee,
2. The District permits the employee to work from the employee's location, and
3. There are no extenuating circumstances (such as serious COVID-19 symptoms) that prevent the employee from performing that work.

Telework may be performed during normal hours or at other times agreed to by the District and the employee. Telework is work for which wages are paid and is not compensated as paid leave under the emergency paid sick leave or emergency family and medical leave under the Act.

Please provide a statement below as to *why you are unable to work or telework* because of the qualifying reason for leave.

C. Request for emergency family and medical leave under the Act:

Eligible employees are entitled to up to 12 weeks of emergency family and medical leave under the Act for an employee *who is unable to work or telework* due to caring for a minor child (under 18 years old) if the child's school or place of childcare is closed or unavailable due to a public health emergency.

An employee must have worked for the Board for at least 30 calendar days.

This emergency family and medical leave runs concurrently with the emergency paid sick leave under the Act.

The first 10 days (two weeks) are unpaid. During the first 10 days (two weeks), you can substitute the emergency paid sick leave under the Act or other accrued paid leave. If you are requesting to use emergency paid sick leave under the Act, please complete the above Section A. If you are requesting to use other accrued paid leave, please describe the requested accrued paid leave and amount: _____

The remaining 10 weeks are paid at two-thirds of the employee's regular rate of pay, for the number of hours the employee would otherwise be scheduled to work. The maximum payment is \$200 per day and \$10,000 total.

Please attach documentation in support of your request such as, a notice of closure or unavailability from your child's school, place of care, or childcare provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

I hereby represent that no other suitable person is available to care for my child during the period for which I am requesting emergency family and medical leave under the Act.

Please note that all existing certification requirements under the Family and Medical Leave Act remain in effect if you take leave for one of the existing qualifying reasons under the Family and Medical Leave Act. Please complete those separate forms, if applicable.

Employee Signature

Date: _____