LEAVE REQUEST FORM
Families First Coronavirus Response Act:
Employee Paid Leave

Employee Name (print clearly) _____Emp ID#_____ Date _____

Requested Period of Leave of Absence: From _____ to _____

Employee Status: (check all that apply) Full-Time _____ Part-Time _____

Reason for Leave: I am requesting time off work for the following reason(s) (check all that apply):

Paid Sick Leave: ***You are eligible for up to 2 weeks of leave, based on the number of hours that you work on average.***

I am unable to work:

- ☐ **1. I** am subject to a Federal, State, or local quarantine or isolation order related to COVID-19 that has ordered me to stay at home.
- ☐ **2.** I have been advised by a health care provider to self-quarantine related to COVID-19.
- ☐ **3.** I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.

Expanded Family Leave: ***An employee is eligible for 2 weeks of pay at two-thirds the regular rate.***

I am unable to work:

- ☐ **4.** I am caring for an individual that has been advised by a health care provider to self-quarantine related to COVID-19, or who has been advised by a health care provider to self-quarantine related to COVID-19.
- ☐ **5.** I am caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19*** (plus, up to an additional 10 weeks of paid expanded family & medical leave at 2/3 your regular rate)
- ☐ **6.** I am is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Personal Reasons Not Listed Above: ***Unpaid only***

- ☐ 7. I am requesting a leave of absence for reasons other than those listed above and below herein. If so, please write in the reason below:

_____

_____

_____

Type of Leave Requested

Based on your answers above please check **ALL** that apply:

- ☐ I am requesting that any accrued but unused sick and/or personal leave.
- ☐ Paid Sick Leave - Families First Crisis Response Act **(#1, 2 and 3)**
- ☐ Paid Expanded Family and Medical Leave **(#4, 5 & 6)**
- ☐ LWOP (Leave without pay - unpaid only)

I certify under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct to the best of my knowledge.

Employee's Signature _____ Date _____

Fax to Sumner Schools HR Department @ 615-442-8262 or email to employee.covid@sumnerschools.org

Attach the documentation proving my need for leave.

Revised 07/16/2020