



Brandon Simmons, Chairman – Dan River District  
Walter Scott, Vice-Chairman – Smith River District  
Shannon Harrell – Blue Ridge District  
Amy Walker – Mayo River District  
Ryan Lawson – Peters Creek District  
C. Dean Gilbert, Superintendent

## **PCPS Request for Leave Pursuant to Families First Coronavirus Response Act (FFCRA)**

The Families First Coronavirus Response Act (FFCRA) provides eligible employees paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions apply from April 1, 2020, through December 31, 2020.

### **Qualifying Reasons for Leave Related to COVID-19**

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

1. Is subject to Federal, State, or local quarantine or isolation order related to COVID-19;
2. Had been advised by a health care provider to self-quarantine related to COVID-19;
3. Is experiencing COVID-19 symptoms and is seeking medical diagnosis;
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. Is caring for his/her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. Is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Service

### **Duration of Leave**

- For above reasons (1)-(4) and (6); A full-time employee is eligible for up to 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
- For above reason (5): A full-time employee who has been employed for 30 days is eligible for up to 12 weeks of leave at 40 hours per week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### **Calculation of Pay**

- For above reasons (1), (2), or (3): Employees taking leave shall be paid at either their regular rate or the applicable minimum wage, whichever is higher up to \$511 per day and \$5,110 total.

FAMILIES FIRT CORONAVIRUS RESPONSE ACT
Paid sick leave & expanded Family & Medical Leave

Employee name: \_\_\_\_\_ Requested Dates of Leave: \_\_\_\_\_

Please check applicable qualifying reason for requested leave:

- o Employee subject to a Federal, State, or local quarantine of isolation order related to COVID-19. Please provide the name of the government entity that issued the quarantine or isolation order. \_\_\_\_\_
o (2) Employee has been advised by a health care provider to quarantine related to COVID-19. Must attach note from health care provider.
o (3) Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis. Must provide name of health care provider and attach note, if applicable. \_\_\_\_\_
o (4) Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2). Must provide name and relation of individual. \_\_\_\_\_
o (5) Employee caring for their child whose school or place of care is closed or unavailable for reasons related to COVID-19. I certify that there is no other suitable individual that is available to care for my child(ren) during the requested period of leave. \_\_\_\_\_ (initial)
o (6) Employee is experiencing any other substantially-similar condition specified by the U. S. Department of Health & Human Services.

By signing below, I confirm that I am unable to work for the requested dates due to the reason selected above.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Principal/Director's Signature (receipt) Date

\*Please submit completed form and supporting documentation to Amanda Holt/HR Department at the SBO.

\_\_\_\_\_  
Superintendent/Superintendent's Designee Signature Date