



SAN LEANDRO UNIFIED SCHOOL DISTRICT

Emergency Paid Sick Leave (EPSL)

Families First Coronavirus Response Act (FFCRA) – Effective 04/01/2020 through 12/31/2020

Directions: Please complete this form as soon as leave is needed. Form(s) **and** supporting documentation* should be e-mailed to jbonduris@slusd.us.

SECTION ONE: EMPLOYEE INFORMATION

Employee Name: _____
 Job Title: _____
 Department: _____

SECTION TWO: EMPLOYEE CERTIFICATION FOR EMERGENCY PAID SICK LEAVE (EPSL) PER FFCRA

I, _____, certify that I am unable to work (or telework) for one of the following reasons:

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| 1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19. |
| 2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. |
| 3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. |
| 4. The employee is caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19 order as described in reason (1) or has been advised as described in reason (2) above.

Name/Relationship: _____ |
| 5. The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.

Name/Age of child(ren): _____ |
| 6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. |

Requested Effective Date _____ to Estimated End Date _____

I am requesting to use my accrued sick and vacation leaves in combination with EFLMA.

I am requesting to NOT use my accrued sick and vacation leaves in combination with EFLMA.

SECTION THREE: ACKNOWLEDGEMENT

I understand that if my circumstances change, I must immediately inform my supervisor and the Personnel Services Department and I may be directed to report back to work (or telework).

Employee Signature: _____ **Date:** _____

***Acceptable supporting documentation:** A notice of a Federal, State, or local quarantine or isolation order related to COVID-19, a notice advising to self-quarantine from a health care provider, or notice of closure or unavailability from your child’s school, place of care, or child care provider.