



# Rome City School System

## EMERGENCY PAID SICK LEAVE REQUEST FORM FOR COVID-19-RELATED LEAVE

Effective for requests made on or after April 1, 2020, through December 31, 2020.

The Families First Coronavirus Response Act (“FFCRA”), which became effective on April 1, 2020, provides employees with access to emergency paid sick leave (“EPSL”) for certain leave requests related to the COVID-19 pandemic. EPSL is available for immediate use by qualifying employees. Full-time employees are eligible for up to 80 hours of EPSL. Part-time employees are eligible for EPSL in an amount equal to the number of hours the employee works, on average, over a two-week period. All paid leave under the Act is subject to the provisions outlined below. Employees should contact the Human Resources Department with any questions. Note: Under the current guidance, EPSL may only be used for a maximum of 80 hours.

*Do not report to work if you have been diagnosed with COVID-19, are exhibiting symptoms of COVID-19, or if you have been in direct contact (within six feet) of an individual with a confirmed case of COVID-19.*

### Section I – Employee Information

Date: \_\_\_\_\_ Last 5 Digits of SSN#: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Title/Position: \_\_\_\_\_ School/Department: \_\_\_\_\_

Name of Employee’s Supervisor: \_\_\_\_\_

Requested Leave Dates: \_\_\_\_\_  
\_\_\_\_\_

*\*If your leave extends, (or is expected to extend) beyond 80 hours **or** you need to request time off on an intermittent basis, please contact HR for additional leave options that may be available to you.*

### Section II – Qualifying Reason(s)

Please select the applicable FFCRA qualifying reason:

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19;
- 2) I have been advised by a health care provider to self-quarantine because of COVID-19;
- 3) I am experiencing symptoms of COVID-19 and will be seeking a medical diagnosis;
- 4) I am caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine as described above;
- 5) I am 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
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services

revised 9/25/20

**NOTE: Employee must complete the form in its entirety.**

**Please return this form to the Human Resources Department as soon as reasonably practical:**

[hr@rcs.rome.ga.us](mailto:hr@rcs.rome.ga.us)

**Section III – Supporting Documentation**

In accordance with the 09.16.2020 revision to the FFCRA, employees must provide employers with supporting documentation as soon as reasonably practical. Complete the section that applies to the reason for your leave.

**FFCRA Qualifying Reason #1: Leave due to a government-issued quarantine or isolation order:**

Name of the issuing government agency for the quarantine or isolation order:

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**FFCRA Qualifying Reason #2 or #3: Leave due to illness OR a health care provider's advice to self-quarantine:**

Name of the health care provider advising me (or the individual I am caring for) to self-quarantine:

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Written documentation is available:     Yes     No

**FFCRA Qualifying Reason #4: Leave to care for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine.**

Name and relationship of the individual who I am needed to care for:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

- I request to utilize my accrued leave to supplement any reduced compensation for this leave period, leave will be utilized as outlined in BOE policy and RCS guidelines.*

**FFCRA Qualifying Reason #5: Leave due to a school or place of childcare closed due to COVID-19:**

Name, phone number and address of school or place of care:

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Name and age of child or children I am needed to care for:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

- I attest that no other suitable person is available to care for the child or children during the requested leave period.
- I request to utilize my accrued leave to supplement any reduced compensation for this leave period, leave will be utilized as outlined in BOE policy and RCS guidelines.*

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**Section IV – Remote Work**

Complete this section if applicable.

- I have been approved to work remotely as my job responsibilities allow.*

Name of person who approved remote work: \_\_\_\_\_

**Supervisor Signature Required to approve Remote Work:**

\_\_\_\_\_

- I understand that if I become unable to continue remote work as scheduled, I must contact my supervisor as soon as reasonably practical.*

*I attest that the above information is accurate and complete to the best of my knowledge.*

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE: Employee must complete the form in its entirety.**

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