

# TRENTON BOARD OF EDUCATION

*“Children come first, Los niños son primero”*

Ronald Lee.  
Interim Superintendent of Schools



Human Resources Department  
609-656-4900, ext. 5471 (telephone)  
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## **COVID-19 Leave Application**

### ***Family First Coronavirus Response Act (FFCRA)***

The federal Families First Coronavirus Response Act (FFCRA) creates two new emergency paid leave entitlements in response to the COVID-19 pandemic. The Emergency Paid Sick Leave Act (EPSLA) entitles certain employees to take up to two weeks of paid sick leave and the Emergency Family and Medical Leave Expansion Act (EFMLEA) amends the Family and Medical Leave Act to permit certain employees to take up to twelve weeks of expanded family and medical leave, ten of which are paid, for purposes related to COVID-19. Both are temporary measures, effective April 1, 2020 and due to expire on December 31, 2020.

**Emergency Paid Sick Leave Act (EPSLA)** - Up to two weeks (not more than 80 hours) for employees unable to work or telework due to:

1. Employees experiencing illness, symptoms or under a quarantine order due to COVID-19
2. Care of Family member due to illness, symptoms, or quarantine order due to COVID-19 where individual is unable to care for themselves
3. School/childcare closure due to COVID-19 requiring care of child under 18 or who is disabled and unable to care for him/herself

**Category 1** employees are paid at the employee's regular rate of compensation, subject to a cap of \$511 per day and \$5,110 in the aggregate

**Category 2/3** shall be paid at two-thirds of the employee's regular rate of pay, subject to a cap of \$200 per day and \$2,000 in the aggregate.

**Emergency Family Medical Leave Expansion Act (EFMLEA)** - Up to 12 weeks for employees unable to work or telework due to:

1. Care for children due to school closure or childcare provider closure or unavailability of paid childcare provider

The first two weeks of EFMLEA are unpaid. Employees can elect to use their two weeks of EPSLA or any other accrued leave. If the employee uses EPSLA for the first two weeks, the benefits run concurrently with those provided under the EFMLEA. For weeks 3 to 12 of EFMLEA, employees will be paid two-thirds of their salary, up to \$200 per day and \$10,000 in the aggregate.

**Application for Emergency Paid Sick Leave**

Employee name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Position \_\_\_\_\_ Location \_\_\_\_\_

Reason for leave request (Refer to Definition Section Above)

\_\_\_\_\_

If employee or family member is experiencing symptoms, what are the symptoms and when is the testing date?

\_\_\_\_\_

Name and address of health care provider if under treatment

\_\_\_\_\_

Agency or entity issuing quarantine order (attach copy)

\_\_\_\_\_

If request is due to school/childcare closure, list the name and address of the affected school or childcare facility

\_\_\_\_\_

\_\_\_\_\_

Dates of inability to work/telework \_\_\_\_\_ through \_\_\_\_\_

This request must be supported by the employee's certification of symptoms and pending test, medical certification from a health care provider, and/or copy of mandated quarantine order attesting to the reason leave is needed, the starting date of the required leave as well as its duration, and the date the employee may return to duty. To the extent a medical certification is not immediately available, Employee's signature on this application authorizes the District to follow up with the applicable health care provider to verify the need for paid emergency sick leave.

The District retains the right to verify fitness for duty prior to Employee's return to work.

I certify that the information contained in the above application is true to the best of my personal knowledge. I understand that if this information is false, I may be subject to denial of the requested leave and appropriate disciplinary measures.

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

\_\_\_\_\_  
Date

**Application for Emergency FMLA Leave**

Employee name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Position \_\_\_\_\_ Location \_\_\_\_\_

Name and Age of Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the case of a school closure requiring leave to care for an affected child or children, list name(s) of affected schools and applicable school closures due to COVID-19, as well as the anticipated dates of closure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the case of a leave request due to the inability to secure suitable childcare due to the unavailability of Employee's childcare provider due to COVID-19, please provide the following.

Name and Address of Childcare provider prior to COVID-19 closures

\_\_\_\_\_

Days and Hours childcare was provided prior to COVID-19 closures

\_\_\_\_\_

Reason for current unavailability of childcare provider

\_\_\_\_\_

Will childcare provider be available at a specific date in the future? If so, when?

\_\_\_\_\_

Name of any other parent or alternate childcare provider available to Employee, as well as days and hours of availability. If there is no suitable alternative childcare provider, please state that here.

\_\_\_\_\_

Dates and Hours currently required for provision of direct childcare by this Employee

\_\_\_\_\_

\_\_\_\_\_

If Employee is unavailable to work or telework due to the need to care for a child or children based upon a school or childcare closure, please provide the dates and times of Employee's unavailability during the next three months.

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Dates and Times of Emergency FMLA leave requested

\_\_\_\_\_ through

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Has Employee requested and/or obtained FMLA leave during the last 12 months? If so, was it granted and for how long?

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I certify that the information contained in the above application is true to the best of my personal knowledge. I understand that if this information is false, I may be subject to denial of the requested leave and appropriate disciplinary measures.

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

\_\_\_\_\_  
Date