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ADMINISTRATION BUILDING
3380 14TH STREET - P. O. BOX 2800
RIVERSIDE, CALIFORNIA 92516

DEPARTMENT OF PERSONNEL - LEADERSHIP & DEVELOPMENT
(951) 788-7135
FAX: (951) 778-5671



DAVID C. HANSEN, Ed.D.
District Superintendent

EMPLOYEE REQUEST FOR EMERGENCY SICK LEAVE & EMERGENCY FAMILY AND MEDICAL LEAVE

Employees requesting Emergency FMLA (EFMLA) pursuant to the Families First Coronavirus Response Act (FFCRA) must complete this form. You must provide as much advance notice as is reasonably practicable. Upon completion of this form, submit it to the Personnel Department for processing.

Employee Name: _____	Employee #: _____
Employee Home Address: _____ _____	E-mail: _____
Home Phone Number: _____	Cell Phone Number: _____
This is a {choose one}: <input type="checkbox"/> NEW Leave Request <input type="checkbox"/> REVISED Leave Request <input type="checkbox"/> EXTENSION of Leave Request	
Anticipated Begin Date of Leave: _____	Expected Return to Work Date: _____
Type of Time Off Requested:	
<input type="checkbox"/> Emergency Paid Sick Leave (up to 2 weeks) <input type="checkbox"/> Emergency Family Medical Leave (up to 12 weeks)	
I am applying for emergency paid sick leave/emergency family medical leave for the following reason:	
<input type="checkbox"/> (1) Subject to a Federal, State or local quarantine or isolation order related to COVID-19; <input type="checkbox"/> (2) Advised by a healthcare provider to self-quarantine due to concerns related to COVID-19; <input type="checkbox"/> (3) Experiencing symptoms of COVID-19 and seeking medical diagnosis; <input type="checkbox"/> (4) Caring for an individual who is subject to an order as described in Reason #1 or has been advised as described in Reason #2; <input type="checkbox"/> (5) Caring for a son or daughter whose school or childcare is closed or unavailable due to COVID-19 precautions; or <input type="checkbox"/> (6) "Substantially similar condition" specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.	
<i>If you are applying for reason #1 or #6, please provide the name of the government entity that issued the order. In addition, please provide any written documentation in support of your paid sick leave.</i>	
Name of Government Entity: _____	
<i>If you are applying for reasons #2 or #4, please provide the name of the health care provider who gave advice. In addition, please provide any written documentation in support of your paid sick leave.</i>	
Name of Health Care Provider: _____	
<i>If you are applying for reasons #3, please provide any written documentation in support of your paid sick leave.</i>	

If you are applying for reason #5, please complete this section and provide correspondence from the referenced school/daycare provider regarding its closure. I, the undersigned, am unable to work due to a need to care for my son or daughter (under 18 years of age) because a COVID-19 related public health emergency has closed the child's school or daycare or rendered the child's usual childcare provider unavailable. No other person will be providing care for my child during the period for which I am receiving emergency family medical leave. {only one name is required for more than one child.}

Child's Name: _____ **Child's Date of Birth (MM/DD/YYYY):** _____

Child's School/Daycare Facility Name: _____

Daycare Facility Number: _____

I will need (choose one): **Continuous Leave** **Intermittent Leave**

If your need for leave is intermittent, please describe the nature of your intermittent leave:

I acknowledge that the information I have provided herein is accurate and truthful to the best of my knowledge.

Employee Signature: _____

Date: _____