



TIM WYROSDICK – SUPERINTENDENT OF SCHOOLS

LINDA SANBORN
DISTRICT 1

BUDDY HINOTE
DISTRICT 2

CAROL BOSTON
DISTRICT 3

JENNIFER GRANSE
DISTRICT 4

WEI UEBERSCHAER
DISTRICT 5

FFCRA Family and Medical Leave Expansion

Return completed form with documentation to Human Resources

Eligibility Criteria (please check)

_____ I am caring for a son or daughter, **under the age of 18**, of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions. **(documentation required)**
This leave is for instances of childcare being closed due to COVID-19 reasons as specified in the facilities letter, not for any potential illness of your family member.

Required Additional Criteria:

_____ I have been employed by SRCSB at least **30 calendar days**.

_____ If my child is older than 14 years of age, special circumstances exist requiring care for him or her during daylight hours.

_____ I **do not** have the option to telework.

I certify that the above information is accurate and that I have attached documentation, if required. I understand, if approved, I will receive up to 12 weeks of leave. The first 2 weeks are unpaid and up to 10 weeks paid at 2/3 of daily rate of pay with a cap at \$200 per day and \$10,000 in the aggregate.

Print Name: _____ Employee ID: _____

Signature: _____ Date: _____

Date Received: _____		HR Use Only:		Eligible: _____		Not Eligible: _____	
Reason: _____							
Leave Start Date: _____				Leave End date: _____			
Date Medical Clearance Letter Received: _____							
Director of Human Resources: _____							