



Selma City Schools

FAMILIES FIRST CORONAVIRUS RESPONSE ACT

Employee Leave Request

Employee Name Job Title

Work Location

First Date of Leave Duration of Requested Leave
(in work days)

Use accrued leave? yes no If yes, sick personal

**Reasons for Leave
(select one)**

- Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- Employee has been advised to self-quarantine by health care provider due to COVID-19 (certification from health care provider is required)
- Employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis (certification from health care is required)
- Employee is caring for a person subject to Federal, State, local, or health care official's COVID-19 quarantine/isolation order
- Employee is caring for a son or daughter under whose school has been closed due to COVID-19 or whose childcare is unavailable during COVID-19
- Employee is experiencing a substantially similar condition as designated by Department of Health and Human Services.

I certify that the above information is correct and my request is based on the reason indicated.

Employee's Signature: _____ Date Signed: _____

OFFICIAL USE ONLY

Action Date _____ Action taken by: _____

| Type of Leave | Action |
|--|-----------------------------------|
| <input type="checkbox"/> Emergency Paid Sick Leave | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Expanded FMLA | <input type="checkbox"/> Denied |

Notes