

**PNGISD Leave Request Form:
Emergency Paid Sick Leave**

Name	Employee ID
Department/Campus	Position
Email	Phone number
Date	Duration of Leave <i>(specify dates requested)</i>

Leave benefits under the Families First Coronavirus Response Act (FFCRA) applied for the limited time period of April 1, 2020 to December 31, 2020. Because Congress didn't extend certain provisions of FFCRA in the Consolidated Appropriations Act (CAA), the Port Neches-Groves ISD Board of Trustees has extended the EPSL provision of FFCRA from January 1, 2021 through June 30, 2021.

An employee requesting emergency paid sick leave must complete this form and return it to Tracy Reinholt at treinholt@pngisd.org as soon as the need for leave is identified. Documentation supporting the need for leave should be included when the request is submitted.

Emergency Paid Sick Leave (EPSL) is limited to 80 hours for any time taken between April 1, 2020 and December 31, 2020, and between January 1, 2021 and June 30, 2021, and is subject to payment at the following rates:

- Self: regular rate of pay up to \$511 per day
- For care of an individual or a child: two-thirds the regular rate of pay up to \$200 per day

I request leave for the following reason(s):

Self (Eligible for EPSL and Unpaid FMLA*)

___ I'm subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of entity requiring quarantine or isolation: _____

___ I've been advised to self-quarantine by a health care provider.

Name of health care provider requiring quarantine or isolation: _____

**Please enclose supporting medical documentation

___ I'm experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

Name of health care provider: _____

**Please enclose supporting medical documentation

___ I'm experiencing any other substantially-similar conditions specified by the U.S. Department of Health and Human Services.

Identify symptoms: _____

**Please enclose supporting medical documentation

Care for other individual (Eligible for EPSL)

____ I'm unable to work in order to care for an individual subject or advised to quarantine or isolate.

Name of individual: _____ Relationship: _____

**Please enclose supporting medical documentation.

Care for child (Eligible for EPSL)

____ I'm unable to work in order to care for my son or daughter because their school is closed or child care is not available due to COVID-19.

Name of school or child care facility: _____

Are you the only adult caring for the child(ren): ____yes ____no

Name and age of child(ren): _____

If child is over the age of 14 describe special circumstance requiring the care:

Days and times you are responsible for the child(ren)'s care: _____

I attest that no other suitable person is available to care for my child/children during the requested period of leave.

**Please submit documentation from the school or child care provider to support your need for this leave.

*Should you require more than 80 hours of EPSL leave, you must qualify for some other form of leave in accordance with Board Policy. Eligibility for EPSL does not automatically provide eligibility for standard Family Medical Leave, which should be applied for seperately.

Accrued leave use

I choose to use:

____ EPSL during this absence

____ My accrued paid leave for ____ days during this absence

____ Accrued paid leave to "top off" the 2/3 pay covered by EPSL so I receive 100 percent of my regular rate of pay

Designation (completed by HR Department):

____ The employee qualifies for EPSL.

____ The employee does not qualify for EPSL.

For office use only:

Date of Employment _____

Medical certification provided ____Yes ____ No

Approved by: _____
name and title

Date: _____