COLUMBUS CITY SCHOOLS

Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Columbus City School's Emergency Paid Sick Leave Policy, please complete the following request form and submit to leavesofabsence@columbus.k12.oh.us as soon as possible before leave begins. Verbal notice will be accepted until a form can be provided.

Employee Name:_____ Employee ID Number: _____

Manager: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for this emergency paid sick leave request is (check the appropriate reason below):

❑ 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.

❑ 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19.

❑ 3) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis.

❑ 4) I am caring for an individual who is subject to either number 1 or 2 above.

❑ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID–19 precautions.

❑ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Employee Signature _____ Date _____

For Human Resources Administration Use Only: ☐ Approved ☐ Denied	Date_____ Signature_____
For Payroll # Of Approved Paid Hours _____	☐ Full pay rate (own sickness) ☐ Two-thirds pay rate (Care of another)

☐ I am requesting to work remotely, if my position allows it, in lieu of FFCRA leave.

☐ I would like to use my personal leave to supplement FFCRA pay if my FFCRA pay is not at 100%

Emergency Paid Sick Leave Employee Statement

Please provide a brief as to why you are requesting Emergency Paid Sick Leave:

Physician's Name: _____

Physician's Phone Number: _____

Physician's Address: _____

---or---

Childcare Provider: _____

Childcare Provider's Phone Number: _____

Childcare Provider's Address: _____