



Emergency Paid Leave Request Form

Once complete please email this form to both your supervisor and Noelle Thelen, thelen@gresham.k12.or.us.

Employee Name (Last, First, MI)		Primary Phone Number		
Current Job Title	Date of Hire	Current Supervisor	Avg Hours / Week	Work Location
I request leave beginning on (date):		My expected return date is:		

Emergency Paid Sick Leave

Check here if you want to submit a request for **Emergency Paid Sick Leave Provided by the FFCRA Act.**

Select one or more of the following reasons for why you are unable to work, including telework:

<input type="checkbox"/> 1.	I am subject to federal, state, or local quarantine or isolation order related to COVID-19. Name of governmental entity ordering quarantine:
<input type="checkbox"/> 2.	I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (Must provide a doctor's note) Name of the health care professional advising self-quarantine:
<input type="checkbox"/> 3.	I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
<input type="checkbox"/> 4.	I am caring for an individual who is subject to either number 1 or 2 above*. (Must provide a doctor's note) Name and relationship to employee: Name of governmental entity ordering quarantine or health care professional advising self-quarantine:
<input type="checkbox"/> 5.	I am caring for a child due to a school or place of closure, or the childcare provider of the child is unavailable, due to COVID-19. (Must provide documentation from the childcare provider) I certify that no other person is able or will be providing care for the child during the period for which I am receiving paid leave. <input type="checkbox"/> Select if applicable. Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours. Name and Age of Child: _____ Name of School / Place of Care that is Closed: Name and Age of Child: _____ Name of School / Place of Care that is Closed: Name and Age of Child: _____ Name of School / Place of Care that is Closed:
<input type="checkbox"/> 6.	I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.



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Paid Family and Medical Leave

Check here if you want to submit a request for *Paid Family and Medical Leave Provided by the District Contract*.

An employee may be eligible to receive both Emergency Paid Sick Leave and Paid Family and Medical Leave.

I am unable to work, or telework, in order to care for a child because their school or place of care has been closed or their childcare provider is otherwise unavailable to provide care due to COVID-19. I certify that no other person is able or will be providing care for the child during the period for which I am receiving paid leave.

Select if applicable: Special circumstances exist that require that I provide care for a child older than fourteen during daylight hours.

Name and Age of Child:

Name of School / Place of Care that is Closed:

Name and Age of Child:

Name of School / Place of Care that is Closed:

Name and Age of Child:

Name of School / Place of Care that is Closed:

Use of Other Paid Time Off

Please select available paid leave to use during the first 10 days of leave:

<input type="checkbox"/>	District-provided sick leave
<input type="checkbox"/>	District-provided paid time off or vacation
<input type="checkbox"/>	Emergency Paid Sick Leave (see above)

**By entering my name here, I consent that my electronic signature serves as the legal equivalent of my manual/handwritten signature on this document.*

Employee Signature	Date

I certify that I am requesting leave for a covered reason under the Families First Coronavirus Response Act (FFCRA) and will provide additional documentation to support this leave, if requested by my employer. I acknowledge that I am subject to discipline, up to and including termination of employment, for falsifying my need for paid leave under the FFCRA.

I state that I am unable to work or telework for a coronavirus-related reason for the following reason:
