



MONROE
CITY SCHOOLS

2006 Tower Drive, Monroe, LA 71201
Human Resources Department

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COVID-19
Related Leave under
Families First Coronavirus
Response Act
(FFCRA)

COVID-19 Related Leave under the Families First Coronavirus Response Act (FFCRA)

Subject to any exclusions, the FFCRA provides Emergency Paid Sick Leave (EPSLA) and/or Emergency Family and Medical Leave (EFMLEA) paid leave under specific qualifying reasons related to COVID-19 upon the eligible employee's request. Additional documentation may be required to verify employee eligibility.

Qualifying Reasons:

1. The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to either number 1 or 2 above.

Note: For purposes of EPSLA, not EFMLEA, "individual" refers to an eligible immediate family member defined under FMLA as "employee's spouse, children (son or daughter), and parents, and someone with whom your relationship creates an expectation that you care for the person in a quarantine or self-quarantine situation, and that individual depends on you for care during the quarantine or self-quarantine.."

5. The employee is caring for his or her child if the school or place of care of the child has been closed, or the childcare provider of such child is unavailable due to COVID-19 precautions.
6. The employee is 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.

Furthermore, under the FFCRA, an employee is UNABLE TO WORK if his or her employer has work for you to do, but one of the qualifying needs below prevents the employee from being able to perform that work, either at his or her regular worksite or remotely.

EPSLA Eligibility: Subject to any exclusions, employees are entitled to up to 10 days of paid sick leave, separate and apart from any accrued leave balance they may carry.

Limitations: Employees are only entitled to a one-time, 10 days period of paid sick leave, even if they are subject to multiple qualifying events.

EFMLEA Eligibility: Subject to the exclusions, an employee employed for at least thirty (30) calendar days who is unable to work because he/she needs leave to care for a child under the age of 18 or 18 or older and incapable of self-care due to a mental or physical disability, whose school or place of care is closed or child care provider is unavailable due to reasons related to COVID-19 is entitled to up to twelve weeks of leave.

Duration of Leave: EFMLEA is not a new leave allotment added to the twelve weeks already available under the Family and Medical Leave Act (FMLA); rather, it is the same twelve-week allotment with the expansion being in terms of who can take leave, for what purposes leave may be taken, and pay. If an employee has already taken FMLA under Monroe City Schools' FMLA policy (policy GBRIBA) prior to April 1, 2020, the employee is only eligible for the balance of leave available for EFMLEA purposes. Additionally, EFMLEA expires on December 31, 2020, so the EFMLEA is limited in duration.

Required Documentation: Documentation submitted in support of an employee's request for leave should clearly identify the name of the son or daughter for which care is being provided;

information regarding the closed school or child care provider to include the name of the school/child care provider, the address of the school/child care provider; and a statement explaining that no other suitable person will be caring for the employee's son or daughter during the period for which the employee is requesting EFMLEA for the reason of caring for his or her child due to school or place of care closing or childcare provider unavailable due to COVID-19 (#5 above).

Examples of acceptable documentation include a notice posted on a government, school or place of care website or published in a newspaper, an email from an official of the school, place of care or child care facility.

For employees requesting EPSLA or EFMLEA,

Please select how you want your pay to be calculated based upon the qualifying reason for leave:

A. OPTIONS FOR QUALIFYING REASONS 1, 2, AND/OR 3 (Up to 10 days/Max \$511 daily):

- Emergency Paid Sick Leave (EPSLA) only (up to 10 days/Max \$511 per day)
- Emergency Paid Sick Leave *plus* available accrued leave (regular sick days) in order to receive full regular pay

B. OPTIONS FOR QUALIFYING REASONS 4 AND 6 (Up to 10 days at 2/3 pay/Max \$200 per day)

Note: Under this option, accrued leave is required to make the employee whole and will be automatically deducted beyond the \$200/day cap, if elected:

- Emergency Paid Sick Leave (EPSLA) only (up to 10 days at 2/3 pay/Max \$200 per day)
- Emergency Paid Sick Leave *plus* available accrued leave (regular sick days) in order to receive full regular pay

C. OPTIONS FOR QUALIFYING REASON 5 (Weeks 1-2, up to 10 days unpaid, Weeks 3-12, as available at 2/3 pay/Max \$200 per day) Note: Under this option, accrued leave is required to make the employee whole and will be automatically deducted beyond the \$200/day cap, if elected:

Weeks 1-2

- Unpaid (Up to 10 days)/Employee is required to complete Monroe City Schools Request for FMLA (unpaid leave) form**
- Employee's own accrued leave (regular sick days) only

Weeks 3-12

- Emergency Paid Sick Leave (EPSLA) only (Up to 10 weeks at 2/3 pay/Max \$200 per day)
- Emergency Paid Sick Leave *plus* use of your available leave (regular sick leave) to receive full regular pay.

In order to take COVID-related leave, the **COVID Leave Request Form** must be completed in its entirety, including applicable signatures and any required supporting documentation.



COVID Leave Request Form

The information contained in this document is exempt from the Public Record Laws of the State of Louisiana
(April 1, 2020—December 31, 2020)

PART I—To Be Completed by the Employee:

Employee Name:	Employee Number:
Position:	School or Department:
Phone:	Alternative Phone:
Mailing Address:	
Street or P.O. Box	City State Zip

Select one qualifying reason for leave related to COVID-19:

1. The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. **(Physician completes Part II below)**
3. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis. **(Physician completes Part II below)**
4. The employee is caring for an individual who is subject to either number 1 or 2 above. **(Physician completes Part II below)**
5. The employee is caring for his or her child if the school or place of care of the child has been closed, or the childcare provider of such child is unavailable due to COVID-19 precautions. **(School/Place of Care completes Part II below)**
6. The employee is 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. **(Physician completes Part II below)**

By signing below, I certify that I am unable to work based on the reason that I have identified above. I acknowledge that I have read **COVID-19 Related Leave under the Families First Coronavirus Response Act (FFCRA)** information accompanying this form, and I understand all of my leave responsibilities. For COVID leave that extends longer than 10 days, I understand that I must also submit an **FMLA Request FORM** to Human Resources. I authorize the release of the information requested below to Monroe City Schools as part of my request for COVID leave. My signature also confirms that I understand it is my responsibility to submit this form to the Human Resources Department **within three business days of the first day of absence**. Failure to submit this form to Human Resources may result in my pay being docked at 100%. I UNDERSTAND THAT FALSIFYING INFORMATION RELATED TO THIS REQUEST IS SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

Employee Signature:	Date:
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PART II—To be completed by the physician (reasons 2, 3, 4, or 6 above). Please print.

Name of Patient:	
Relationship to Employee: (i.e. son, daughter)	
Current Diagnosis: Attach support if available	
Supporting Medical Facts:	
Period of leave requested:	Start Date: _____ End Date: _____
Name of Physician:	
Physician's Address:	
Physician's Phone Number:	
I, the undersigned, hereby affirm that I am a physician licensed under the laws of the State of Louisiana (or the state of domicile, if different from Louisiana). I further affirm that I have examined the herein named applicant requesting COVID leave and have found that the medical condition stated above makes the leave applied for herein medically necessary. I make this statement under <i>Families First Coronavirus Response Act (FFCRA)</i> .	
Physician's Signature: (No stamps)	
Date:	

PART III—To be completed by the school/place of care/provider (reason 5 above). Please print.

Name of Child(ren):	
Relationship to Employee: (i.e. son, daughter)	
Circle One:	School _____ Child Care Provider _____
Period of closure or unavailability:	Start Date: _____ End Date: _____
School/Provider Address:	
School/Provider Phone:	
I, the undersigned, hereby affirm that I represent a school/child care provider for the above named child(ren). I further affirm that I provide child care services on a routine basis for the above named child(ren) or the above named child(ren) is/are enrolled in the school identified above. I make this statement under <i>Families First Coronavirus Response Act (FFCRA)</i> .	
School/Child Care Provider Signature: (No stamps)	
School/Child Care Representative Position Title:	
Date:	