

# Senatobia Municipal School District

104 McKie Street; Senatobia, MS 38668  
Phone (662) 562-4897/Fax (662) 562-4966  
Web Site: [www.senatobiaschools.com](http://www.senatobiaschools.com)

*Senatobia – Star Students, Star Staff, Star Citizens, Star Schools, Star Community*

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*Chris Fleming, Superintendent*

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## **COVID-19 Leave Request Form** **Families First Coronavirus Response Act (FFCRA)**

**Employee Name:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_

**Absence Dates:** \_\_\_\_\_

### **Leave Request Details**

I am requesting this emergency paid sick leave due to my inability to work because (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; and (choose the appropriate box below),
  - I attest that no other suitable person is available to care for my child during the requested period of leave.
  - I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

For reasons #1-3, please choose one of the following:

- I would like to use the leave provided by the FFCRA to receive 100% of my pay.
- I would not like to use the leave provided by the FFCRA, but would like to use my available sick leave balance to receive pay during my absence.
- I would not like to use the leave provided by the FFCRA, and do not want to use my available paid leave balance. I understand that I will not receive pay during my absence and could be required to pay any applicable insurance/cafeteria plan premiums to maintain my coverage.

For reasons #4-6, please choose one of the following:

- I would only like to receive 2/3 pay during my absence for up to 10 days (80 hours).
- I would like to receive 2/3 pay during my absence for up to 10 days (80 hours) and would like to use my sick leave balance to make up the difference in my pay. Leave used will be rounded to 0.5 days.
- I would not like to use the leave provided by the FFCRA, but would like to use my available sick leave balance to cover my absence.
- I would not like to use the leave provided by the FFCRA, and I do not want to use any of my available paid leave time. I understand that I will not receive pay during my absence and could be required to pay any applicable insurance/cafeteria plan premiums to maintain my coverage.

**With this completed form, you must also provide written documentation from a medical professional for reasons #1-4. You may be contacted to provide additional information or documentation related to your absence.**

- Reasons #1-3 are eligible for 100% pay for up to 10 days.
- Reasons #4 and 6 are eligible for 2/3 pay for up to 10 days.
- Reason #5 is eligible for 2/3 pay for up to 12 weeks.
- Employees are only eligible to use the paid leave provided by the Families First Coronavirus Response Act once through December 31, 2020.
- Senatobia Municipal School District policy regarding FFCRA can be found on the district website, under the Finance Department information.
- Additional FFCRA information can be found on the Department of Labor website.

**Employee Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Business Office Use Only**

Date Received: \_\_\_\_\_

Approved for dates from \_\_\_\_\_ to \_\_\_\_\_

Denied

Processed by: \_\_\_\_\_