



CARPINTERIA UNIFIED SCHOOL DISTRICT

Human Resources Department

I am not requesting a LEAVE of ABSENCE, as per Article 13.11 [CERTIFICATED CBA].
I am notifying the CUSD of my desire to access FFCRA LEAVE.

REQUEST FOR LEAVE OF ABSENCE

EMPLOYEE INFORMATION

Name (First, M, Last)	Department/School	Classified / Certificated
Administrator/Principal	Email	Phone Number
Job Classification/Title <small>faculty</small>	Position Hours	Work Hours
		From
LEAVE REQUEST DETAILS	Start Date	Expected Return to Work Date:
		Date of Request

A. COVID-19 RELATED LEAVE REQUEST UNDER FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
See Attachment A for FFCRA Rules

- I am under federal, state, or local quarantine due to COVID-19
 - I am advised to quarantine by health care provider, including a Public Health agency due to concerns related to COVID-19.
 - I am under self-quarantine due to potential exposure (exhibiting symptoms) of COVID-19 and am seeking medical diagnosis.
 - I am caring for an individual who is subject to a quarantine or isolation order, or has been recommended by a health care provider to self-quarantine.
- NOTE:** If one of the above reasons is marked as the basis for leave, certification from a designated public health agency and/or health physician is required to be submitted within five (5) business days of request. Certified clearance to return to work will also be required.
- I am caring for a minor child whose school or child care is closed or whose child care provider is unavailable, due to COVID-19
Name of Minor Children: _____
Name of Child Care Provider: _____
 - I am self-quarantined due to potential exposure and is not showing any symptoms.
 - I am self-quarantined (no symptoms) and care for a medically vulnerable family member in the household.

B. LEAVE REQUEST UNDER FAMILY AND MEDICAL LEAVE ACT (FMLA)
See Attachment B for FMLA Rules

- I have a qualifying serious health condition that prevents me from performing my job duties.
- I care for my spouse, child, or parent who has a qualifying serious health condition.
- I am under self-quarantine due to potential exposure (exhibiting symptoms) of COVID-19 and am seeking medical diagnosis.
- I am caring for an individual who is subject to a quarantine or isolation order, or has been recommended by a health care provider to self-quarantine.

C. OTHER LEAVE REQUEST - Contact Human Resources for Options

- I request leave for reasons not mentioned above

Employee Signature: _____ Date: Sept, 24, 2020

HUMAN RESOURCES DEPARTMENT REVIEW

<p>Leave Request Eligible For:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FFCRA <input type="checkbox"/> FMLA <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Use Available Sick Leave <input type="checkbox"/> Extended Sick Leave/Differential Pay 	<p>HR Approval: _____</p> <p>_____</p> <p>HR Notes: _____</p> <p style="text-align: center;">THANK YOU.</p> <p>_____</p> <p>_____</p>
--	---