



CARPINTERIA UNIFIED SCHOOL DISTRICT
Human Resources Department
REQUEST FOR LEAVE OF ABSENCE

EMPLOYEE INFORMATION

Name (First, M, Last)		Department/School	Classified / Certificated	
Administrator/Principal		Email	Phone Number	
Job Classification/Title		Position Hours	Work Hours	
			From	To
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: _____

HUMAN RESOURCES DEPARTMENT REVIEW

Leave Request Eligible For:

HR Approval: _____

- FFCRA
- FMLA
- OTHER: _____
- Use Available Sick Leave
- Extended Sick Leave/Differential Pay

HR Notes: _____

