

Name	Employee ID
Department/Campus	Position
Email	Phone Number
Date	Duration of leave (specify dates requested)

Leave benefits under the Families First Coronavirus Response Act (FFCRA) expired December 31, 2020. Cypress-Fairbanks ISD will allow unused COVID Leave Days to be used if the days were not previously exhausted. These days will be available through June 30, 2021. This leave cannot be used intermittently.

An employee requesting use of CFISD COVID Leave must complete this form and return it to HRLeave@cfisd.net as soon as the need for leave is identified. Please attach required medical documentation when this request is submitted.

This form must be returned within 3 business days in order for the leave to be processed in a timely manner.

CFISD COVID Leave is limited to the equivalent of 10 days (maximum of 80 hours) of paid leave at the following rates:

- **Self:** regular rate of pay
- **For care of child or individual:** two-thirds the regular rate of pay

I request leave for the following reason(s):

SELF

I'm subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of entity requiring quarantine or isolation: _____

I've been advised to self-quarantine by a health care provider.

Name of health care provider requiring quarantine or isolation: _____

I'm experiencing symptoms of COVID-19 and am seeking a medical diagnosis. *(Medical documentation required for processing)*

Name of health care provider: _____

CARE FOR CHILD OR INDIVIDUAL

I am unable to work in order to care for an individual advised to quarantine or isolate.

Name of individual: _____ Relationship: _____

Accrued Leave Use: Leave for this specific reason only pays at 2/3 pay for the days used. However, an employee may opt to use accrued leave to top up their pay to 100%

I choose to use accrued paid leave to supplement the 2/3 pay covered by CFISD COVID Leave Days so I receive 100 percent of my regular rate of pay.

Employee Signature _____ **Date** _____

Designation (completed by HR Department):

The employee qualifies for CFISD COVID Leave.

The employee does not qualify for CFISD COVID Leave.

For office use only:

Medical certification provided Yes No

Approved by: _____

Date: _____