

Tell City-Troy Township School Corporation

John Anthony Scioldo II
Superintendent
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"Home of the Marksmen"

Administrative Office
837 17th Street
Tell City, IN 47586
Phone: (812) 547-3300
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Families First Coronavirus Response Act Paid Sick Leave Request Form

Effective April 1, 2020, the Families First Coronavirus Response Act ("FFCRA") will permit School Corporation employees, **who are unable to work or telework** for certain specified reasons related to the current COVID-19 pandemic, to request paid sick leave. This leave is in addition to any paid time off or sick leave an employee may otherwise be entitled to receive under the School Corporation's existing policies, procedures, and/or collective bargaining agreements. Employees desiring to request FFCRA paid sick leave must complete this form and submit it to the Office of the Superintendent as soon as the employee becomes aware of his/her need for such leave.

Employee Name: _____ [Please print legibly]

I am requesting FFCRA paid sick leave, commencing on _____ [insert date/time] and ending on _____ [insert date/time], because I will be **completely unable** to perform the essential functions of my job, either at my normal place of work **or by telework**, for the following qualifying reasons (check all that apply):

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. **[Attach copy of order]**
- 2. I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19. **[Attach documentation from healthcare provider.]**
- 3. I am experiencing symptoms of COVID-19 and have sought or will seek a medical diagnosis related to such on _____
[insert date/time] from _____
[insert name/address of medical provider]. [NOTE: If your healthcare provider informs you that you should self-quarantine because you have COVID-19, then you will need to complete a new form indicating #2 above as your qualifying reason of absence and indicating the duration of leave required by your healthcare provider and attaching appropriate supporting documentation.]
- 4. I am caring for an individual who is subject to an order described in (1) or (2) above. **[Attach copy of order or written documentation from healthcare provider]**
- 5. I have one or more children under 18 who are unable to care for themselves without me present; I do not have a spouse or other adult family member living in my home who can provide such care in my absence; and my child/children's school or place of childcare has been closed due to COVID-19 precautions.

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[Attach supporting documentation establishing school or place of childcare closure. Note that you could also qualify for Expanded Emergency Family Medical Leave, which would also be processed through this request form.]

- 6. I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and Secretary of Labor as being covered by the FFCRA.

Current employment status:

- Working onsite
- Working remotely
- Working remotely/on-call
- Not working (existing COVID leave)

Primary location/department:

[COMPLETE THIS PORTION IF YOU ARE *TELEWORKING* AND ARE REQUESTING *INTERMITTENT SICK LEAVE* RATHER THAN FULL-DAY SICK LEAVE]

I am currently teleworking but, for the reason(s) indicated above, I am unable to telework for the entire time each day that TCTTSC is requiring me to telework. Therefore, I am requesting *intermittent* paid sick leave (rather than for leave full days) in the amount of _____ **[insert number of hours]** of hours day during this requested leave, which is the amount of time per day I will be unable to telework for the qualifying reason(s) indicated above. *I expressly acknowledge that I am only able to request this intermittent leave because the qualifying reason(s) I have indicated above prevent me from teleworking for the entire duration of the normal length of my workday during a given 24-hour period.*

Employee signature: _____

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[COMPLETE THIS PORTION IF YOU ARE **WORKING AT AN AVCS FACILITY** AND ARE
REQUESTING **INTERMITTENT SICK LEAVE** RATHER THAN FULL-DAY SICK LEAVE]

I am currently working at an AVCS facility but because my minor child's school or place of childcare is closed due to COVID-19 precautions, I require leave for a portion of my scheduled work days to care for my at-home child. Therefore, I am requesting *intermittent* paid sick leave in the amount of _____ [insert number of hours] of hours day per during this requested leave to care for my minor child/children because of his/her/their school or place of childcare has closed due to COVID-19 precautions.

Employee signature: _____

By signing below, I affirm that all the information I have provided on this form is true and accurate, and I acknowledge my duty to immediately notify the Office of the Superintendent if circumstances change that make any of the information provided herein no longer accurate.

Employee signature: _____ Date: _____

***Email a photo or photocopy of this completed form and any required attachments to nickii.freeman@tellcity.k12.in.us.**