

Office of Human Resources

Phone 952.681.6440
Fax 952.681.6449



Educational Services Center
1350 West 106th Street
Bloomington, MN 55431-4126

www.bloomington.k12.mn.us

INSTRUCTIONS:

This form should only be filled out if you are unable to work.

To request a leave under the Families First Coronavirus Response Act (FFCRA)

- You must complete the leave of absence form below.
- Read the entire form.
- Complete this form and submit to human resources.
- Send required documentation in with the form, if possible. Please see below for what should be submitted.
- You will receive an email back once your leave request has been approved or denied.

*Human Resources may need to ask for additional information to determine FFCRA eligibility

Prior to your return

- Notify Human Resources **prior** to your return to work.

Required Documentation:

- 1) Employee is subject to Quarantine: Employee requesting FFCRA must provide the name of the government entity that issued the quarantine or isolation order, or name of the health care provider who advised you to self-quarantine. A copy of the notice or visit summary suffices.
- 2) Employee has a serious health condition/high risk: If only 10 days, a qualifying reason for the leave and statement that the employee is unable to work. If more than 10 days, Form WH-380E (found on HR webpage under leaves) must be completed by physician and returned.
- 3) Employee is seeking diagnosis: Employee must provide the name of the health care provider who they saw, and date of appointment. A visit summary suffices. Time is limited to the time it takes to receive diagnosis.
- 4) Caring for Another who is Quarantined: Employee must provide either the government entity that issued the quarantine or isolation order to which the individual is subject or the name of the health care provider who advised the individual to self-quarantine, and a statement that the employee is needed to care for the immediate family member.
- 5) Childcare Leave: Name of Child, name of school or place of care or child care provider that has closed/become unavailable due to COVID-19 reasons, and a statement that no other suitable person is available to care for the child during the period of requested leave.



FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

(You must complete this form if asking for benefits under the FFCRA)

Name		Employee #		Home Phone	
Position		Location		Supervisor	
Absence Information: <input type="checkbox"/> This is a new request <input type="checkbox"/> This is an update/a change to an existing request					
Requested Dates: Start		- End		Anticipated Return:	
Type of leave: <input type="checkbox"/> Medical <input type="checkbox"/> Child Care					
M E D I C A L	Employee's Leave (please check 1 box)				
	<input type="checkbox"/> Subject to Quarantine by Federal/State/Local Quarantine order <input type="checkbox"/> Advised to Self-Quarantine				
	<input type="checkbox"/> Have an underlying condition that puts you at high-risk per the CDC, except age (unless you have a different underlying condition in addition to age)				
	<input type="checkbox"/> Have been diagnosed with COVID-19 or are seeking diagnosis				
<input type="checkbox"/> Family Medical to care for _____ who is subject to quarantine, or advised to self-quarantine due to concerns related to COVID-19 (state relationship of person to you.)					
Please note: Accumulated sick leave will automatically be used. If you are eligible for vacation or earned personal leave and would like to apply those days after your sick leave, please indicate the number of days: _____					
C H I L D C A R E	<input type="checkbox"/> Childcare Leave to care for employee's own child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons				

I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated. I must comply with my Labor Agreement regarding the eligibility and procedures for a Leave of Absence and this request is subject to HR approval. Any change in this leave must be communicated in writing to HR.

Employee Signature	Date
---------------------------	-------------

For Administrative use:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<input type="checkbox"/> Request More Information
Exec. Dir. Of Human Resources	Date	

This leave is covered by federal or state law or by the negotiated contract and does not required Board approval.