



FAMILIES FIRST CORONAVIRUS RESPONSE ACT (EXPIRES DECEMBER 31, 2020) LEAVE REQUEST FORM

(You must complete this form if you are unable to work or telework)

Name		Employee #		Home Phone	
Position		Location		Supervisor	
Absence Information: <input type="checkbox"/> This is a new request <input type="checkbox"/> This is an update or change to an existing request					
Requested Dates	Start:		Anticipated Return:		
Type of leave: <input type="checkbox"/> Medical <input type="checkbox"/> Child Care					
M E D I C A L	<p>Employee's Leave (please check 1 box)</p> <p><input type="checkbox"/> Subject to Quarantine by Federal/State/Local Quarantine order</p> <p><input type="checkbox"/> Advised to Self-Quarantine</p> <p><input type="checkbox"/> Experiencing COVID-19 symptoms and you are seeking diagnosis</p> <p><input type="checkbox"/> Caring for someone officially quarantined or advised self-quarantine. List family member below.</p> <p>Documents Requested: Copy of Quarantine Notice or recommendation to self-quarantine. Anything that would show that diagnosis, including past visit summaries from on-line medical charts if possible, doctor's visit summary/appointment notice.</p> <p>-----</p> <p><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) (UNPAID)</p>				
	<p style="text-align: center;">C H I L D C A R E</p> <p><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</p> <p>Documents Requested: Documentation of child care closing</p>				

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
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For Administrative use:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Request More Information			
Administrative Signature		Date	

Submit this form to bstory@bric.k12.mn.us Attach requested documents