Healthy Families and Workplaces Act Public Health Emergency Leave Form GBC E 5

There are three steps in applying for a leave:

1. Check the Staff Member Leave Policy GBC and Procedure GBC-R to be sure your leave is consistent with the "Staff Member Time Off and Leave" guidelines.
2. Contact your supervisor to discuss your request for leave.
3. **Submit your Public Health Emergency Leave into Workday under "Request an Absence" and either upload this form or provide a copy to your supervisor.**

Last Name	**First Name**	**MI**	**Employee ID**	**Date**

Home Street Address	**City**	**State**	**Zip**

Best Contact Phone Number	**Home email**

Work Location(s)	**Position(s)**

Public Health Emergency Leave (PHEL) is a separate allocation of paid staff leave, as necessary, for a qualifying reason related to a Public Health Emergency. This leave may not be used for any additional reason and unused hours will not be paid out. PHEL is not retroactive to qualifying events before the January 1, 2021 effective date. Any supplemental leave granted under the PHEL will expire four weeks after the end of the Public Health Emergency.

Public Health Emergency Leave under the Healthy Families and Workplaces Act

- Documentation should be attached, if possible, using the second page. Documentation may be a test result, documentation from a health care provider, childcare provider/school, or other agency.

Reason:

Under the Public Health Emergency Leave, a staff member may use the supplemental leave for the following reasons (please mark all that apply):

- ☐ self-isolation or seeking medical care or treatment due to a diagnosis or symptoms of a communicable illness that is the cause of a public health emergency;
- ☐ caring for a family member who is self-isolating or seeking medical care after being diagnosed or is experiencing symptoms of a communicable illness that is the cause of a public health emergency;
- ☐ a determination from a local, state, or federal public official or health authority that a staff member or a member of the staff member's family that the staff member cares for poses a risk to the health of others;
- ☐ caring for a family member when the individual's school or place of care has been physically closed due to a public health emergency; or
- ☐ a staff member's inability to work because of a health condition that may increase susceptibility to or risk of a communicable illness that is the cause of a public health emergency.

Approximate Dates From: _____ To: _____

Extension of previously approved leave (if applicable): From: _____ To: _____

*** Your leave request may qualify you for specific benefits under the Family and Medical Leave Act (FMLA). A final determination of FMLA qualification will be made after review of your completed Leave Request Form and other documentation.**

The signatories below certify that this leave request is in accordance with Academy District 20 Staff Member Leave Policy and Procedure.

Staff Member's Signature	Date
Principal/Supervisor's Signature	Date
Review/Approval by Director for Human Resources	Date

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Staff Member Statement Supporting Leave

I, _____, provide the following information in support of my request for public health emergency leave (complete all that apply):

Leave due to a government-issued quarantine or isolation order:

Name of the issuing government agency for the quarantine or isolation order:

_____

Effective dates of the order: From: _____ To: _____

Leave due to health care provider's advice to self-quarantine:

Contact information for the health care provider advising me or the individual I am caring for to self-quarantine:

Name: _____ Phone: _____ Fax: _____

Written documentation is available and attached: ❑Yes ❑No

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

Effective dates: From: _____ To: _____

Leave due to a school or place of child-care closed due to the Public Health Emergency:

Name of school, place of care, or child caregiver unavailable due to concerns related to Public Health Emergency:

_____

Name and age of child or children I am needed to care for:
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

No other suitable person is available to care for my child(ren) for the requested leave period due to:

_____

_____

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

_____

_____

Effective dates: From: _____ To: _____

Leave due to an inability to work because of a health condition that may increase susceptibility to or risk:

Provide details regarding the need for this leave:

_____

_____

Effective dates of the order: From: _____ To: _____

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Staff Member Signature: _____ Date: _____