



# POLK SCHOOL DISTRICT

## Absentee Request Form

Staff Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Date of Absence: \_\_\_\_\_ Location: \_\_\_\_\_

**Reason for Absence:**

**Please Indicate:**

_____ Code 1 – Sick Leave	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Code 1 – Sick Leave – COVID-19 Related*	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Code 2 – Personal Leave	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Code 5 – Professional Learning	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Code 7 – Superintendent Leave	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Vacation Leave	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
_____ Other	___ Full Day	___ 1/4 Day	___ 1/2 Day	___ 3/4 Day
			_____ a.m.	_____ p.m.

**Explanation for Superintendent / Other Leave:**

Staff Signature: \_\_\_\_\_

Supervisor: \_\_\_\_\_

- No reason, other than PERSONAL, should be noted if your absence is due to personal reason.
- Personal leave request must be turned in 7 calendar days prior to date of leave.
- If you are requesting Superintendent Leave, a Code 7 form must be completed and signed by your supervisor and superintendent 7 calendar days prior to date of leave.

## **What are the reasons an employee is entitled to paid sick time under the Emergency Paid Sick Leave Act (EPSLA)?**

Under the FFCRA, an employee qualifies for paid sick time if the employee is unable to work (or unable to telework) due to a need for leave because the employee:

1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. Has been advised by a health care provider to self-quarantine related to COVID-19;
3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. Is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
6. Is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Under the FFCRA, an employee qualifies for expanded family leave if the employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

## **What is the maximum dollar amount an employee is entitled to receive for paid sick time under the EPSLA?**

### **Duration of Leave:**

For reasons (1)-(4) and (6): A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

For reason (5): A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### **Calculation of Pay:**

For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).