

Request for County Paid COVID Leave (Federal FFCRA Leave)

Employee Name: _____ Date: _____

Supervisor/Department: _____ Phone Number: _____

I am asking for a County Paid COVID Leave for this reason (check one, and please include documentation):

- a) My child's school is open 100% physically with a virtual option:
1. Parents who choose not to send kids to school are not eligible for County Paid COVID Leave. If a doctor provides documentation that a child should be quarantined, then employee could be eligible for 2 weeks of County Paid COVID Leave (if they haven't already received it earlier in the year). If the reason for the quarantine is also an ongoing serious health condition, the employee may be eligible for County Paid COVID Leave at 2/3 pay.
- b) My child's school is open but children are divided into groups to implement social distancing so there is part-time in school and part-time out of school online learning:
1. Because the school is not open for attendance for all days to all students, the County will allow the use of County Paid COVID Leave on an intermittent basis and allow County Paid COVID leave at 2/3 pay on days their child cannot attend school in person. This assumes that the employee hasn't received it earlier in the year and is subject to department or office operational requirements and essential worker status. After the 10 weeks of 2/3 pay, the employee may be eligible to use certain accrued leaves or may be eligible for unemployment.
- c) My child's school is only open for virtual online learning:
1. Parent qualifies for County Paid COVID Leave because schools are not physically open.
- d) My child's daycare has temporarily closed due to COVID:
1. Parent qualifies for County Paid COVID leave at 2/3 pay (up to 10 weeks).

Name of school or daycare that has been closed (and city in which located), or partially closed, due to COVID-19 (If private school or daycare, please list provider's name and phone number):

Name of School/Daycare: _____

Provider's Name: _____

Phone #: _____

I certify that my child's school or daycare has been closed completely or partially (on certain days) and that I have sought alternative facilitated learning arrangement or suitable care and it is not available. In addition, I certify that my child meets one of the following qualifications: 1) is under the age of 18, or 2) has special needs and would be unable to care for themselves while I am at work, or 3) due to my child's/children age(s), they are not capable of caring for themselves while I am at work.

Employee signature: _____

Employee printed name: _____

I certify with my signature that the information I have provided is honest and truthful. I understand that if the Employer finds this to be false information, I can be disciplined up to and including termination.

Email this form along with your documentation to: human.resources@linncounty.org.

Note: Once you are planning to return to work, please let Human Resources know so we can update our records.

This area to be completed only by the Human Resources Office.

Approved _____

Not Approved _____

HR staff initials _____