



Human Resources
 18360 NE Caldart Avenue
 Poulsbo, WA 98370
 (360) 396-3007
 nkschools.org

EMERGENCY PAID SICK LEAVE – EMPLOYEE REQUEST FORM

Employees may be entitled to Emergency Paid Sick Leave in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility standards. Employees can complete this form and submit it or any questions to Janet Paeth at jpaeth@nkschools.org

Employee Name: _____

Mailing Address: _____ E-mail: _____

Home Phone Number: _____ Alternate Phone Number: _____

Expected Begin Date of Leave: _____ Expected Return to Work Date: _____

EMPLOYEE REQUEST FOR LEAVE AT FULL PAY

Employees satisfying one of the three standards noted below are eligible for two weeks of leave (capped at 80 hours) paid at the employee’s full, regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- I am quarantined pursuant to Federal, State, or local government order.
NOTE: Governor Inslee’s “Stay Home, Stay Healthy” directive does not meet this standard.
- I am quarantined on the advice of a health care provider.
- I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

Please attach the applicable government order or documentation from medical provider corresponding to the item(s) selected.

EMPLOYEE REQUEST FOR LEAVE AT 2/3 PAY

Employees satisfying one of the three standards noted below are eligible for two weeks of leave (capped at 80 hours) paid at the 2/3 of the employee’s regular compensation rate (capped at \$200/day & not reportable to DRS as work hours). For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the applicable instructions.

I am unable to work or telework for the following reasons:

- I need to care for an individual subject to quarantine pursuant to Federal, State, or Local government order or advice of a health care provider. I represent that no other person will be providing care for the individual during the period for which the I am receiving Emergency Paid Sick Leave.

Name(s) of the individual(s) being cared for: _____

- I am unable to work because I am experiencing any other substantially similar condition as specified by the Secretary of Health and Human Services.

Please attach the applicable government order or documentation from medical provider corresponding to the item(s) selected.

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- I am unable to work or telework** because I need to care for my child under age 18 because my child's elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to a public health emergency. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving Emergency Paid Sick Leave.

Name(s) and Age(s) of Child or Children: _____

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during work hours: _____

Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.

If you are requesting 2/3 paid leave in conjunction with Emergency FMLA to care for a child under the age of 18 affected by school or care closure due to public health emergency, please complete an EFMLA form to submit with this form.

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to communicate changes in the schedule with my supervisor, I may be subject to discipline in accordance with District policy.

Employee Signature: _____ Date: _____

FOR DISTRICT USE ONLY

Request Received By: _____ Date: _____

Leave Approved By: _____ Date: _____

Period of Leave: _____

The District will retain all records related to this leave request for at least four (4) years for auditing purposes.