

Shawnee Public Schools

US Department of Labor Required Statement for FFCRA Paid Leave

Employee Name: _____

Dates Leave Requested: _____

Coronavirus-Qualifying Reason: check one

1. Subject to federal, state or local quarantine or isolation order. **Provide name** of government entity that issued the quarantine (may include SPS Nurse).

2. Advised by a health care provider to self-quarantine. **Provide a note from the health care provider** stating that you should self-quarantine.
3. I have COVID-19 or I am experiencing symptoms associated with COVID-19 and am/have sought medical diagnosis. **Provide a note from the health care provider** stating that you should self-quarantine.
4. I am caring for an individual subject to a quarantine or isolation order. **Provide name, a note from the health care** provider directing the self-quarantine, and documentation regarding your relationship)

Individual's name and relationship to you: _____
Attach a copy of documentation of relationship (birth certificate or marriage certificate).

5. I am caring for a child whose school or place of care is closed or unavailable due to coronavirus-related reasons. (**must provide** the child's name, age, copy of the birth certificate, name of the school or care provider, and statement that no other person is available to care for the child)

Child's Name and age: _____
Attach a copy of the child's birth certificate.

Name of School or Care Provider: _____

The check mark of item five and my signature below indicates that I attest that no other person is available to care for the child indicated above.

I certify that the information I have provided in this form is true and correct. This information is subject to verification. Any employee who submits false information is subject to disciplinary action, up to and including discharge.

Employee Signature

Date