

FCPS COVID-19 Temporary Emergency Leave Guidance

Instructions

This form should be completed by the employee and submitted to Financial Accounting and Benefits Services **for consideration** of FCPS COVID-19 Temporary Emergency Leave Requests. The purpose of this form is to verify that the employee is qualified to use the Emergency Leave related to COVID-19. To demonstrate eligibility for the leave, the employee shall provide proof of COVID-19 testing or other suitable documentation for the circumstances upon request.

Request to use FCPS Temporary Emergency COVID-19 Leave

As an employee attesting to eligibility for FCPS Temporary Emergency COVID-19 Leave, I attest that I am unable to work or telework due to the following:

1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. The source of the Order is as follows: _____.
2. I was advised by a health care provider to self-quarantine related to COVID-19. The health care provider who advised me to self-quarantine is _____. The date I am expected to return to work is _____ per the health care provider.
 - I have attached written documentation.
 - I do not have any written documentation because _____.
3. I am experiencing COVID-19 symptoms and seeking a medical diagnosis. The health care provider providing the diagnosis is _____.
 - I have attached written documentation.
 - I do not have any written documentation because _____.
 - I am caring for a member of the immediate family member subject to or advised to quarantine as described above.**
4. I am caring for my minor child because my child's schools or daycare has been closed or my child's daycare provider is unavailable due to COVID-19 precautions

In accordance with the above reason, I request to use FCPS **Temporary** Emergency Leave for COVID-19 sickness or related situations on the following date: _____.

Regarding telework,

- I was offered telework, but the circumstances that prevent me from teleworking are as follows: _____.
- I was not offered telework.

I certify the truth and veracity of the above statements and that I have not made any material false statement with the intent to mislead a public servant in the performance of his or her official functions. I understand that I may be subject to disciplinary action, including termination, if any of the above is subsequently determined to be false or misleading.

Employee Name (Print): _____ Employee ID Number _____

Employee Signature: _____ Date: _____

Phone: _____ Supervisor Signature: _____ Date: _____

Fin. Accounting and Benefits Signature _____ Date: _____