

Montclair Public Schools

OFFICE OF PERSONNEL

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**REQUEST FOR EMERGENCY PAID SICK LEAVE
AND/OR
EMERGENCY FAMILY AND MEDICAL LEAVE
UNDER THE FAMILY FIRST CORONAVIRUS RESPONSE ACT (“ACT”)
AND/OR
EXPANDED CATEGORIES OF NEW JERSEY FAMILY LEAVE ACT LEAVE**

Employee Name: _____

Date(s) for which leave is requested: _____

A. Request for emergency paid sick leave under the Act:

Please check one of the COVID-19 qualifying reasons for the emergency paid sick leave and provide the requested information:

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. Name of the government entity that issued the quarantine or isolation order to which you are subject:

- 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of the health care provider who advised you to self-quarantine for COVID-19 related reasons:

- 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4. I am caring for an individual who is subject to an order of quarantine or isolation or is advised to self-quarantine.

Name of the government entity that issued the quarantine or isolation order to which the individual is subject:

Name of the health care provider who advised the individual to self-quarantine:

- 5. I am caring for a son or daughter whose school or place of care is closed, or childcare provider is unavailable, due to COVID-19 precautions. Provide all of the following and initial below:

The name of the child being cared for: _____

Age of the child being cared for: _____

The name of the school, place of care, or childcare provider that closed or became unavailable due to COVID-19 reasons: _____

I hereby represent that no other suitable person is available to care for my child during the period of requested leave.

(Initial Here) _____

- 6. I am experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

I understand the following limitations on pay:

Paid sick leave for reasons 1, 2, and 3 above for full-time employees is at employee’s regular rate of pay for up to 80 hours limited to \$511 per day and \$5,110 total.

Paid sick leave for reasons 4, 5, and 6 above for full-time employees is paid at two-thirds employee’s regular rate of pay limited to \$200 per day and \$2,000 total.

Paid sick leave for reasons 1, 2, and 3 above for part-time employees is the average hours worked over a two-week period limited to \$511 per day and \$5,110 total.

Paid sick leave for reasons 4, 5, and 6 above for part-time employees is paid at two-thirds employee’s average hours worked over a two-week period limited to \$200 per day and \$2,000 total.

B. “Telework” under the emergency paid sick leave and emergency family and medical leave under the Act:

C. Request for emergency family and medical leave under the Act:

Eligible employees are entitled to up to 12 weeks of emergency family and medical leave under the Act for an employee *who is unable to work or telework* due to caring for a minor child (under 18 years old) if the child's school or place of childcare is closed or unavailable due to a public health emergency.

An employee must have worked for the Board for at least 30 calendar days.

This emergency family and medical leave runs concurrently with the emergency paid sick leave under the Act.

The first 10 days (two weeks) are unpaid. During the first 10 days (two weeks), you can substitute the emergency paid sick leave under the Act or other accrued paid leave. If you are requesting to use emergency paid sick leave under the Act, please complete the above Section A. If you are requesting to use other accrued paid leave, please describe the requested accrued paid leave and amount:

The remaining 10 weeks are paid at two-thirds of the employee's regular rate of pay, for the number of hours the employee would otherwise be scheduled to work. The maximum payment is \$200 per day and \$10,000 total.

Please attach documentation in support of your request such as, a notice of closure or unavailability from your child's school, place of care, or childcare provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

I hereby represent that no other suitable person is available to care for my child during the period for which I am requesting emergency family and medical leave under the Act.

D. Request for expanded categories of New Jersey Family Leave Act:

Eligible employees are entitled to up to 12 weeks of unpaid leave in a 24-month period for the following expanded NJFLA categories:

These categories will be triggered when:

- a state of emergency declared by the governor or as required by a public health authority,

- relating to an epidemic, a known or suspected exposure to a communicable disease, or efforts to prevent the spread of a communicable disease,
- requires a covered employee to care for a family member due to:

Please check one of the qualifying reasons and provide the requested information:

- Care for a child whose school or childcare facility is closed by order of a public official due to epidemic or public emergency.

Provide the date of the closure:

Provide the reason for the closure:

- Care for a family member subject to a mandatory quarantine order as a result of an illness caused by an epidemic where the family member’s exposure would jeopardize the health of others.

Provide the date the public health authority issued the determination:

Provide the probable duration of the determination:

- Care for a family member who is in voluntary self-quarantine recommended by a health care provider or public authority as a result of suspected exposure to a communicable disease.

Provide the date of the recommendation:

Provide the probable duration of the condition:

Provide the medical or other facts within the health care provider or public health authority’s knowledge regarding the conditions: _____

Please note that the following:

- All existing certification requirements under the Family and Medical Leave Act (FMLA), and New Jersey Family Leave Act (NJFLA) remain in effect if you take leave for one of the existing qualifying reasons under the FMLA and/or the NJFLA. Please complete those separate forms, if applicable.
- Pursuant to Board Policies 3431.1 and 4431.1, Family Leave, if a staff member is eligible for leave for reasons permitted under FMLA and NJFLA, then the time shall be concurrent and applied to both laws.
- An employee may not use sick leave under N.J.S.A. 18A:30-1 for a qualifying need related to a public health emergency. However, an employee receiving sick leave under the provisions of N.J.S.A. 18A:30-1 may only use sick leave because of personal disability due to illness or injury, or because the employee has been excluded from school by the school district’s medical authorities on account of a contagious disease or of being quarantined for such a disease in his or her immediate household.
- NJFLI, which provides wage replacement benefits from the State during an unpaid leave, has been amended to include leave taken to care for a family member related to COVID-19. The employee must file through the State for such benefits.
- An employee who has COVID-19, or symptoms of COVID-19 or is advised by a healthcare provider or public health authority to quarantine, may be eligible for NJ Temporary Disability Insurance from the State. The employee must file through the State for such benefits.

Employee Signature

Date: _____

Sincerely,
Damen G. Cooper
Director of Personnel

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