



**Portland Public Schools  
Employee FFCRA Leave Request Form**

Please submit this form to HR Leaves at [leave@pps.com](mailto:leave@pps.com) for any Coronavirus- related absence.

Employee Information	
Name	Employee ID#
Assignment/Job Title	Work Location
Home Address	Home Phone
City/State/Zip	Work Phone
Email address <i>(to be used for communication during leave)</i>	Date of Hire
Leave Information	
Absence start date:	Anticipated return date:
I am requesting: <input type="checkbox"/> full-time leave, OR <input type="checkbox"/> part-time leave (reduced hours/ FTE per day or week,) OR <input type="checkbox"/> Intermittent leave If part-time/ intermittent, indicate proposed schedule/ anticipated frequency:	
Reasons for Leave	
<b><u>Employee Paid Sick Leave (EPSL)</u></b> <b>Employee's Own Condition</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19. Name of governmental entity ordering quarantine or isolation: _____</li> <li><input type="checkbox"/> 2. Employee has been advised by a health care provider to self-quarantine related to COVID-19. Name of health care professional advising self-quarantine: _____</li> <li><input type="checkbox"/> 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.</li> </ul> <b>Care for Another</b> Name of individual requiring care: _____ Relation to employee: _____ <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Employee is caring for an individual who is subject to a quarantine or isolation order related to COVID-19. Name of governmental entity ordering quarantine or isolation: _____</li> <li><input type="checkbox"/> 2. Employee is caring for an individual advised by their health care provider to self-quarantine related to COVID-19. Name of health care professional advising self-quarantine: _____</li> </ul> <b><u>Expanded Family Medical Leave (EFMLA)</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee is caring for a child whose school or place of care is closed for reasons related to COVID-19. Choosing this option will serve as affirmation that no other suitable person is available to care for my child. Name of child: _____ Name of closed school/ place of care: _____</li> </ul> <p><i>Note: Employee must be unable to work or telework for a reason related to coronavirus to be entitled to leave under either EPSL or EFMLA. The FFCRA's paid leave provisions apply to leave taken between April 1, 2020, and December 31, 2020.</i></p> <p><b>Please attach supporting documentation to this form.</b></p>	

**Benefits Information**

I intend to file a claim for Long Term Disability (for leaves lasting over 90 calendar days)  Yes  No

To file a Long Term Disability claim, contact The Standard at [www.standard.com](http://www.standard.com) or (800) 378-4668 for ATU, DCU, PAT, and PFSP or at (866) 756-8115 for SEIU and non-represented employees.

If your benefits cease, and you choose to continue them on a self-pay basis, you must call the Trust Office at 503-238-6961 or for non-represented employees or SEIU members, contact Benefits Help Solutions at 800-556-3137 to avoid a lapse in your coverage. When you return from unpaid leave, it may be necessary to complete a new online health insurance enrollment to reinstate the District's contribution for your coverage. This is true whether or not you self-pay for benefits while on leave.

I have reviewed the above information on my health and welfare benefits. I acknowledge that it is my responsibility to contact Human Resources (503) 916-3544 for information regarding continuation of my district provided health and welfare benefits.

**Signature and Return Acknowledgement**

I am unable to work or telework due to the reasons given on page 1 of this document. I have made my supervisor aware of this request. I confirm all of the above information and understand that further documentation may be required to determine leave eligibility. I understand that my leave is not approved until I receive such notification from Human Resources. I intend to return to Portland Public Schools at the end of my leave. If I am a licensed employee requesting unpaid leave, I must inform Human Resources in writing, no later than November 15<sup>th</sup> or March 15<sup>th</sup> of my intention to return at the beginning of the school term following the expiration of my leave.

Signature	Date
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Please email completed leave requests to [Leave@pps.net](mailto:Leave@pps.net) before requested leave start date, or as soon as practicable.

**For Human Resources Only**

EPSL	Eligible Hours	Leave Balances	Hours as of:
Days of full pay		Sick Leave	
Hours per day		Reserve Sick	
Days at 2/3 pay		Emergency/Personal	
Hours per day		Family Leave	
Total EPSL hours		Vacation	
<b>Capped days?</b>			

EPSL dates: \_\_\_\_\_ Paid leave balances dates: \_\_\_\_\_

Eligible unpaid leave from: \_\_\_\_\_ through: \_\_\_\_\_

EFMLEA Eligible dates: \_\_\_\_\_ FMLA dates: \_\_\_\_\_

OFLA Eligible dates: \_\_\_\_\_

If not EFMLEA/ FMLA/ OFLA eligible, provide reason: \_\_\_\_\_

**HR Approval**

Signature	Date
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