



MERS FFCRA LEAVE REQUEST

Complete this form to take a leave and/or request to telework

Please submit this completed form to:

HUMAN RESOURCES DEPARTMENT

Heidi Brown, Benefits & Pensions Secretary

54 Main Street, Englishtown, NJ 07726

Fax: 732-786-2542 ~ heidibrown@mersnj.us

Employee's Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Location: _____ Position: _____

Signature: _____ Date: _____

Length of Leave Request

New Request This is an update/a change to an existing request

Leave Start Date: _____ Leave End Date: _____ Return to Work Date: _____

Type of Leave Request

Emergency Paid Sick Leave (EPSL)- 2 weeks leave

Are you capable to telework? Yes or No

Please select qualifying reason for leave:

1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19

What is the name of government organization issuing the order: _____

Have or will you travel(ed) to a hotspot? Yes or No

If yes, what State did or will you travel to: _____

Duration of stay in the hotspot: From: _____ To: _____

2. I have been advised by a health care provider to self-quarantine due to COVID-19

What is the name of the advising health care provider: _____

Attach Doctor's Note

3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis

4. I am caring for an individual who is subject to either number 1 or 2 above.

What is the name of the government organization or health care provider: _____

Attach Doctor's Note

5. I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions; and there is no other suitable person is available to care for my child during the requested period of leave

What is the name of the child(ren): _____ **Age of child(ren)** _____

What is the name of the school, care organization, or care provider: _____

What is the date care became or will become unavailable: _____

All requests require documentation for leave request, please select document you are providing:

Letter from child's school indicating modified schedule

Letter/notice school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons

Letter or documentation will follow

6. I am experiencing another substantially similar condition specified by the secretary of health and human Services

For reasons 2 or 3, I would like to use my paid days (sick, personal, vacation) for full salary vs. the above payments

Signature: _____ Date: _____

Emergency Family and Medical Leave Expansion Act (EFMLEA) due to your child(ren) whose school or childcare facility has closed on account of the COVID-19 pandemic (or whose daycare provider is no longer available) -12 weeks leave

The first 2 weeks of EFMLEA leave are unpaid, the remaining 10 weeks are paid at 2/3 your regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate; you may opt to substitute any of the options below to receive payment, please select all that apply:

- Personal Days
- Vacation Days (only 12 month employees)
- Emergency Paid Sick Leave (10 days, you can only use this leave once)
How many days would you like to use: _____

Or

I would like to be unpaid for the first 2 weeks of EFMLEA

Or

- I would like to use my accrued paid days for full pay:
 - Personal Days
How many days would like to use: _____
 - Vacation Days (only 12 month employees)
How many days would like to use: _____

I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated above under the FFCRA, I understand that this request is subject to HR approval. Any change in this leave must be communicated in writing to HR.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Is the employee's position eligible for telework? Yes or No

Telework approved by supervisor? Yes or No

Completed by Human Resources

- Reviewed request and qualifies for leave: Yes or No
- Placed on _____ agenda for Board approval
- Leave entered AESOP
- Board approval or Denied letter sent to employee Date Sent: _____
- Reviewed request and qualifies for telework: Yes or No
- Leave denial / telework approval letter sent to employee Date Sent: _____