

**FAMILY AND MEDICAL LEAVE REQUEST FORM
DURING STATE OF EMERGENCY**

The Clinton Township Board of Education requires all family and medical leave requests during the state of emergency to be made using this form. Once complete, it should be submitted to Claudia Cantelmi, HR Coordinator, at ccantelmi@ctsdnj.org.

Employee Information

Employee Name	Date Request is Submitted
Date of Hire	Date Leave is Requested to Start
Position/School	Anticipated Duration of Leave

Reason for Leave of Absence

- ❖ To care for employee’s own serious health condition (not work related)
Employees must have their health care provider complete the form entitled “Certification of Health Care Provider for Employee’s Serious Health Condition.” You can request this form from Claudia Cantelmi.
- ❖ To care for an employee's child, spouse, or parent with a serious health condition.
Employees must have their health care provider complete the form titled “Certification of Health Care Provider for Family Member’s Serious Health Condition.” You can request this form from Claudia Cantelmi.
- ❖ Unable to work, including telework (i.e., remote work done from home), because the employee is caring for the employee’s child(ren) whose school or place of care is closed or child care provider is unavailable due to COVID-19 related reasons.
Name of child(ren): _____
Age of child(ren): _____
Name of School/Place of Care that is closed: _____
- ❖ Is there another suitable individual (such as a co-parent, co-guardian, or the usual child care provider available to provide care for the employee’s child during employee’s scheduled working hours during the period of leave? YES _____ NO _____

- ❖ If all children are older than 14 years old, please state any special circumstances that exist that show an inability to work or telework during daylight hours in order to provide care for the child(ren): _____

- ❖ Unable to work, including telework (i.e. remote work done from home), because the employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19.
Name of governmental entity ordering quarantine/isolation: _____
***Please attach a copy of the quarantine/isolation order**

- ❖ Unable to work, including telework (i.e. remote work done from home), because the employee is caring for an individual subject to a Federal, State or local quarantine or isolation order related to COVID-19.
Name of governmental entity ordering quarantine/isolation: _____
***Please attach a copy of the quarantine/isolation order**

- ❖ Unable to work, including telework (i.e. remote work done from home), because the employee is caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19.
Name of individual being cared for: _____
Name of health care provider: _____
Name of governmental entity ordering quarantine/isolation: _____
***Please attach a note form the health care provider advising to self-quarantine**

- ❖ Unable to work, including telework (i.e. remote work done from home), because the employee has been advised by a health care provider to self-quarantine related to COVID-19.
Name of health care provider: _____
***Please attach a note form the health care provider advising to self-quarantine**

- ❖ Unable to work, including telework (i.e. remote work done from home), because the employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.

- ❖ Unable to work, including telework (i.e. remote work done from home), because the employee is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

- ❖ Birth of child and care for the newborn child within one year of birth.
Date of child's birth: _____

- ❖ Placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement.
Date of child's placement: _____

- ❖ Qualifying exigency due to the employee's spouse, son, daughter or parent being a military member on covered active duty or called to covered active duty status (or notice of an impending call or order to covered active duty).

Name: _____

Relationship: _____

- ❖ To care for an employee's spouse, son, daughter, parent, or next of kin who is a covered service member and who has a serious injury or illness related to active duty service.

Name: _____

Relationship: _____

Prior Leave Taken

Within 12 months immediately before the start date indicated above, have you taken any family or medical leave? YES _____ NO _____

If yes, please provide the period or periods of leave taken:

Period of Leave

Reason for leave

___/___/___ to ___/___/___

___/___/___ to ___/___/___

Pay During Leave

Depending on the type of leave being utilized, the employee may be required to use his or her accrued and unused paid leave (for example, sick or vacation leave) during the leave. However, in other circumstances, the use of accrued and unused paid leave will be at the employee's discretion. Please provide your preferences for when it is at the employee's discretion.

Unpaid Leave: All or a portion of your leave may be unpaid. Eligible employees may choose to use accrued and unused paid leave while on unpaid leave, in which case they would receive their full rate of pay. Please indicate your preference below:

- Request to use accrued and unused paid leave while on unpaid leave.
- Request that accrued and unused paid leave not be used while on unpaid leave.

Partially Paid Leave: During all or a portion of your leave, you may be entitled to receive payment that is less than your regular full rate of pay. Eligible employees may choose to use accrued and unused paid leave to supplement their paid leave, which would increase the pay you

receive to your full rate of pay (such that you do not see any loss of pay during this time). Please indicate your preference below:

- Request to use accrued and unused paid leave when the leave payment is less than the full rate of pay.
- Request that accrued and unused paid leave not be used when the leave payment is less than the full rate of pay.

I acknowledge that I have read this request form and accurately completed it. I certify that the information in this form is true and correct. I understand that my misrepresentation concerning the facts or information may result in disciplinary action, up to and including termination of my employment.

Employee Signature

Date