

# The Nassau County School District

1201 Atlantic Avenue  
Fernandina Beach, Florida 32034



“Empowering Others Through a Commitment to Excellence”

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## Emergency Family and Medical Leave Expansion Provision – COVID-19

**Families First Coronavirus Response Act - Effective April 1, 2020 through December 31, 2020**

The Act provides paid sick leave for employees impacted by COVID-19 and those serving as caregivers for individuals with COVID-19 through (1) a new federal paid sick leave law and (2) an emergency expansion of the Family and Medical Leave Act (FMLA). The bill was signed by the President on March 18, 2020.

Legal Name \_\_\_\_\_ School/Location \_\_\_\_\_  
Position/Title \_\_\_\_\_ Employee ID \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

I certify that I am caring for my son or daughter, **under the age of 18**, (or older child that is incapable of self-care because of a mental or physical disability) and the school or place of care of my son or daughter has been closed, or the childcare provider of my son or daughter is unavailable, due to COVID-19 precautions. If an employee is deemed eligible, he/she can receive up to 12-weeks of FMLA with the first 10 days being unpaid. Following the 10 days, an employee will be eligible for **2/3 of his/her daily rate of pay based upon his/her regularly scheduled hours for a maximum of 10 weeks** (max \$200/day for up to 50 days or until school/childcare has resumed/is available.) If an employee has already used some FMLA time this school year, he/she will only be eligible for the balance of 12 weeks.

Please answer the following questions:		YES	NO
1.	I have been employed by NCSD for at least <b>30 calendar days</b> .		
2.	Are you capable of performing the essential functions of your position, if given the option to telework?		
3.	FMLA Sick Leave Dates Requested:		
4.	Child(ren)'s Name(s) and Age(s):		
5.	Name of Closed School(s), Place(s) of Care or Childcare Provider(s):		
Please provide a statement that no other suitable person will be caring for the child(ren) during the sick leave period:			
_____			
_____			

Please attach supporting documentation. For example, this may include a notice of closure or unavailability from your child's school, place of care, or child care 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 certify that all the information I am providing on this form is true and accurate. If it is later determined that the information provided was not true or accurate, I may be subject to repayment of sick leave monies.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.***

The Nassau County School District does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices.

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**Legal Name** \_\_\_\_\_ **School/Location** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Method of Receipt: \_\_\_\_\_

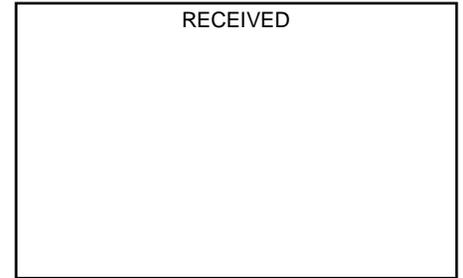
Eligible: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_



Date \_\_\_\_\_