



MHPS Employee,

This letter will assist you as you fill out the MHPS COVID-19 Leave Request Form.

The top part of the form is self-explanatory regarding name, etc. and which reason (1-6) caused you to qualify. If you need help with this section please call me at 425-1201 for assistance. I am working closely with our COVID-19 Point of Contact, Loretta Allen, and can complete the date range based on your unique situation.

In accordance with Department of Elementary and Secondary Education Commissioner's Memo COM-21-014, School Districts must ask the employee if the employee wishes to use the applicable FFCRA leave or the COVID Emergency leave first.

So what's the difference between the two?

If you meet reasons 1,2, or 3, you qualify for COVID Emergency Leave for up to 80 hours at full pay without any days charged against your sick, personal or vacation leave. These days also don't count toward your 12 weeks of FMLA leave, so it is literally FREE sick leave, due to the Governor's generous donation of his CARES money at the state level. Keep in mind that if you choose this leave, you will need to provide documentation from your health care provider or the governmental agency that issued your directive to quarantine/isolate.

Under the **REQUIRED** section of this form, please mark YES if you choose to use the free COVID leave first.

If you meet reasons 1,2 or 3 and don't want to use the free COVID leave first, please mark NO in the **REQUIRED** section of the form, which will move you into FFCRA leave. Please remember that leave taken under FFCRA counts as Family Medical Leave, so if you use both weeks of FFCRA, you are down to only 10 remaining FMLA weeks for the year.

If you choose the free COVID-19 Emergency Leave first, but then you are required to take more than two weeks (or 80 hours) of leave, your FFCRA leave will automatically go into effect after the COVID-19 Emergency Leave is exhausted. If you meet reason 4, 5 or 6 you don't qualify for the FREE COVID-19 leave and begin the FFCRA leave initially.

All this information will be verified by the district's documentation and based on the instructions from the Centers for Disease Control and the Arkansas Department of Health guidelines.

Please complete the attached form and return it to me digitally. If you have questions, please contact me.

Thank you,

Lisa Monger  
870-425-1201 • [lmonger@mhbombers.com](mailto:lmonger@mhbombers.com)



Under the Families First Coronavirus Response Act (FFCRA), an employee may qualify for emergency paid sick time if the employee is unable to work (or unable to telework, if allowable) for specified reasons related to COVID-19. To request leave under the Arkansas Emergency Leave Act and/or the FFCRA, complete the following request and return it (electronically) to Lisa Monger (lmonger@mhbombers.com) at MHPS Central Office as soon as possible. If you are making this leave request verbally, this form will be used to record your information.

Employee Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Requested: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.  
Name of government entity issuing order: \_\_\_\_\_

2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  
Name of health care provider advising self-quarantine: \_\_\_\_\_

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

4. I am caring for an individual who is subject to a government quarantine or isolation order or has been been advised by a health care provider to self-quarantine.  
Name of government entity or health care provider: \_\_\_\_\_

5. I am caring for my child whose school or place of care is closed or whose child care provider is unavailable due to COVID-19 related reasons. Name of child: \_\_\_\_\_  
Name of school, place of care, or child care provider that has closed or become unavailable:  
\_\_\_\_\_

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

6. I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.

**REQUIRED:** According to the district's policies, I may be eligible for two weeks paid leave if I am unable to work remotely and required to isolate or quarantine to meet reasons 1, 2, or 3 above. If eligible, I voluntarily request to use the state's COVID-19 Emergency Leave (CARES Act funds). I understand I cannot be required to use these funds before other types of leave, including the FFCRA.

Yes  No

By signing this form, I attest the above information is true and accurate. I also understand I may be required to provide documentation to support the request.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CENTRAL OFFICE USE ONLY**

Eligible for Remote Work: Yes  No  Leave Used: FFCRA  COVID-19 Emergency Leave (CARES Act)

Leave start date: \_\_\_\_\_ Leave end date: \_\_\_\_\_ Number of days used: \_\_\_\_\_

Documentation on file: Yes  No