



Elwood Community School Corporation
 1306 N. Anderson St.
 Elwood, IN 46036
 Phone: (765) 552-9861
 Fax: (765) 552-8088

Dr. Joe Brown
 Superintendent

Mrs. Sherri Cripe
 Director of Learning

Mrs. Linda Jones
 Director of Business

Mrs. Theresa Houghton
 HR & Payroll

REQUEST FOR PUBLIC HEALTH EMERGENCY LEAVE

Pursuant to federal law, employees are entitled to up to a total of twelve-weeks of partially paid leave for certain COVID-19 related absences occurring between April 1 and December 31, 2020. This Public Health Emergency Leave is Family Medical Leave Act (FMLA) leave and all School policies and procedures pertaining to FMLA leave shall apply, except as otherwise provided by applicable law.

Name: _____

Job Title: _____ Building: _____

Date(s) of Leave: _____

I am requesting intermittent leave as described: _____

I understand that the School is not obligated to approve any request for intermittent leave and may require me to take continuous leave.

I am caring for my child because my child’s school or daycare is closed, or my regular child-care provider is unavailable due to Coronavirus. By selecting this reason, I am certifying that no other suitable person is available to care for my child during the period of requested leave.

Name of child(ren): _____

Name of school/daycare/care provider: _____

If child is over age 14, describe any special circumstances that exist that require you to provide care: _____

Other information or comment: _____

I have previously used ____ hours of Emergency Paid Sick Leave (Include any hours used with any previous or other employer).

I have previously used ____ days/weeks of Public Health Emergency Leave.

_____ I have taken another FMLA leave within the last 12 months.

Dates: _____

I certify that I am unable to work because of the reasons selected above.

Signed: _____

Date: _____

Email: _____

Telephone: _____

FOR OFFICE USE ONLY:

_____ Approved

By: _____

Date: _____

Employee notified on (date): _____

Date(s) of leave: _____

If intermittent, describe approved schedule: _____

_____ Denied

By: _____

Date: _____

Employee notified on (date): _____

Reason: _____
