Paid COVID-19 Leave/Expanded School Leave Request Form (Revision Effective Date 01/01/2021)

This Request Form is to document and expedite the approval process for Paid COVID-19 Leave under HR/LR Policy 1440 - Paid COVID-19 Leave: REVISED (“Paid COVID-19 Leave policy”) and HR/LR Policy 1443 - Expanded Leave for COVID-19 Related School/Child Care (“Expanded School Leave policy”). Completed forms must be submitted to the agency’s HR office for approval.

Paid COVID-19 Leave and Expanded School Leave are subject to the eligibility requirements, caps and limitations set forth in the respective policies. Additionally, Paid COVID-19 Leave and Expanded School Leave do not accrue vacation or sick leave.

All paid leave taken under the Paid COVID-19 Leave policy prior to January 1, 2021 counts toward the amount of leave available under the Paid Covid-19 Leave policy on and after January 1, 2021.

HR/LR Policy 1441 - Expanded FMLA Leave for COVID-19 Related School/Child Care (“EFMLA”) has expired. However, all paid leave taken under the expired EFMLA policy counts toward the amount of leave available under the Expanded School Leave policy.

Employees who have exhausted Paid COVID-19 Leave or EFMLA by January 1, 2021 are not eligible for additional leave under the Paid COVID-19 Leave policy or the Expanded School Leave policy, respectively.

Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policies may be denied.

Eligible reasons for leave are documented in the Paid COVID-19 Leave policy and the Expanded School Leave policy and include:

- **School or Childcare Provider Leave** if you cannot work or telework due to your need to care for your child because your child’s school or place of care is physically closed, or your childcare provider is unavailable, due to COVID-19, and there is no other suitable person available to care for your child

- **Health Purposes** if you cannot work or telework because you have symptoms associated with COVID-19 and are seeking a diagnosis, a health care provider advises you to self-quarantine due to concerns related to COVID-19, you are subject to a Federal, State, or local isolation or quarantine order related to COVID-19, or your appointing authority directs you not to report to the workplace because you were exposed to a confirmed case of COVID-19

- **Caregiving** if you cannot work or telework because you are caring for an individual who depends on you for care and the individual has been advised by a health care provider to self-quarantine due to concerns related to COVID-19, or is subject to a Federal, State, or local isolation or quarantine order related to COVID-19

Paid COVID-19 Leave and Expanded School Leave are not available to employees who can work or telework.

Paid COVID-19 Health Leave and Care Leave that also constitutes Family and Medical Leave Act leave can be taken on an intermittent or reduced schedule basis. All other types of Paid COVID-19 Leave and Expanded School Leave may be taken on an intermittent or reduced schedule basis with agency permission.
Completing this Request Form

Before completing this Request Form, review the Paid COVID-19 Leave policy and Expanded School Leave policy.

Employees must complete and submit this Request Form and receive approval for use of Paid COVID-19 Leave or Expanded School Leave.

Employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policies must submit a completed Request Form and receive approval in advance of taking Paid COVID-19 School Leave, Care Leave, or Expanded School Leave, and must submit a completed Request Form to take Paid COVID-19 Health Leave as soon as is practicable.

Employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policies are required to receive additional authorization by their appointing authority to use Paid COVID-19 Leave or Expanded School Leave.

Employees not assigned to perform Priority 1 or Priority 2 critical services as defined in the policies who are requesting Paid COVID-19 Leave are not required to submit the Request Form in advance of the leave, but must submit a completed Request Form as soon as is practicable after the first workday (or portion of the workday) for which the employee takes the leave. For Expanded School Leave, the Request Form must be submitted as soon as is practicable. If the reason for Expanded School Leave is foreseeable, it will generally be practicable to provide notice prior to the need to take leave.

*Note: Minnesota Management and Budget is authorized by Executive Order 20-07 to reassign or redeploy employees as necessary.*

Employees must complete a new Request Form and receive a new approval for use of Paid COVID-19 Leave or Expanded School Leave if the reason for their need for Paid COVID-19 Leave or Expanded School Leave changes.

Employees must notify their agency promptly once their need for Paid COVID-19 Leave or Expanded School Leave ceases.

The completed Request Form must include your electronic/written signature. Forward the completed Request Form to your agency Human Resources office. Agency Human Resources will review your request.

Please note that the Paid COVID-19 Leave policy and Expanded School Leave policy are subject to change, and expire upon termination of the COVID-19 peacetime emergency. All leave approvals are subject to change to conform with any policy changes, and all leave approved under the policies expires when the policies are no longer in effect, except as may be required under law.
Privacy Notice / Tenessen Warning: Your agency is requesting you, the employee, to complete this Request Form so agency staff can assess whether you qualify for Paid COVID-19 Leave/Expanded School Leave. Upon the form’s submission, your agency will review the data and come to a determination regarding your eligibility. You are not legally required to provide us with the data requested on this form; you may refuse to do so. However, failure to complete this form in its entirety may result in a denial of your request for Paid COVID-19 Leave/Expanded School Leave. Some of the data being requested on this form will be classified as private data under Minnesota law. Parties that may gain access to private data include agency representatives with a valid work assignment to access the data, Minnesota Management and Budget, the Legislative Auditor, and any other person or entity authorized by you, or by state or federal law, rule, regulation or court order.

Please do not disclose any genetic information. “Genetic Information” includes: information about an individual’s genetic tests; information about genetic tests of an individual’s family members; information about the manifestation of a disease or disorder in an individual’s family members (family medical history); an individual’s request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

Employee Name: _______________________________ Employee ID: __________________

Anticipated Leave requested

Please see the eligibility requirements, caps and limitations set forth in the Paid COVID-19 Leave policy and the Expanded School Leave policy.

Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policies may be denied.

☐ I am requesting full leave from __________________ to __________________, with an anticipated return to work date of __________________.

☐ I am requesting the following reduced schedule: ____________________________

☐ I will return to my normal work schedule on: ________________________

Response required:

☐ I have reviewed the Paid COVID-19 Leave policy and the Expanded School Leave policy and I acknowledge that I understand the eligibility criteria for the type of leave I am requesting, that Paid COVID-19 Leave and Expanded School Leave hours do not accrue vacation or sick leave, and that Paid COVID-19 Leave and Expanded School Leave are subject to caps and limitations on the amount of pay and the duration of leave available.
**Reason for Leave**

**COVID-19 School Leave/Expanded School Leave**

This leave is limited to 2/3 of your regular rate of pay, and a daily cap of $200, and is subject to duration limitations as set forth in the Paid COVID-19 Leave policy or the Expanded School Leave policy.

To be eligible for Expanded School Leave, employees must have worked for at least 1,044 hours in the 12 months prior to the commencement of leave. Whether an employee satisfies the 1,044 hours of work requirement is determined by counting actual hours worked only. Hours the employee is on leave (paid or unpaid) do not count toward hours of work. An employee returning from fulfilling their USERRA-covered service obligation shall be credited with the hours of work that would have been performed but for the period of absence from work due to or necessitated by USERRA-covered service. Paid COVID-19 Leave does not have this eligibility requirement.

In addition, employees who exhausted leave available under the expired EFMLA policy are not eligible for Expanded School Leave.

Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policies may be denied. School leave is unavailable for employees who have opted for distance learning when in-person learning is available. School leave may be used when an employee’s child is on a school-imposed hybrid schedule on the days when the child is distance learning.

I must be absent from work because: (Please check all that apply.)

☐ I need to care for my child* whose school or place of care has been physically closed, or my child’s care provider is unavailable, for reasons related to COVID-19.

☐ I am unable to telework because my job responsibilities cannot be performed through telework, I cannot reasonably perform telework while providing childcare, or I am not permitted to telework by my supervisor.

☐ At least one of my children for whom I am caring is under age 18 OR is age 18 or older and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended).

☐ I am unable to work or telework because special circumstances exist requiring me to provide care for a child older than 14 during daylight hours.

☐ No other suitable person is available to care for my child during the period of time for which I am requesting Paid COVID-19 Leave/Expanded School Leave.

☐ No other person will be providing care for my child(ren) during the period of time for which I am requesting Paid COVID-19 Leave/Expanded School Leave.

Name of each child to be cared for: __________________________________________________________

Age of each child to be cared for: ____________________________________________________________

Name of school(s), place(s) of care, and/or childcare provider(s) that have physically closed or are unavailable due to COVID-19: ____________________________________________________________
*“Child” is the employee’s biological, adopted, or foster child, stepchild, legal ward, or child via in loco parentis, who is either under age 18, or age 18 or older and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended)*

**COVID-19 Health Leave**

This leave is limited to a daily cap of $511 and is subject to duration limitations as set forth in the Paid COVID-19 Leave policy.

Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policy may be denied.

I must be absent from work because: *(Please check all that apply.)*

- [ ] I am unable to telework because my job responsibilities cannot be performed through telework, I am too ill to telework, or I am not permitted to telework by my supervisor.
- [ ] I have a fever, cough, shortness of breath or any other COVID-19 symptoms identified by the U.S. Centers for Disease Control and Prevention, and I am seeking a medical diagnosis of COVID-19.
- [ ] A health care provider has advised me to self-quarantine based on the health care provider’s belief that I have COVID-19, that I may have COVID-19 due to known exposure or symptoms, or that I am particularly vulnerable to COVID-19.
- [ ] I am subject to a Federal, State, or local isolation or quarantine order related to COVID-19.
- [ ] I was exposed to a confirmed case of COVID-19 and as a result, my appointing authority has directed me not to report to the workplace.

Name of health care provider advising self-quarantine (if applicable): ___________________________________________________________________

Name of governmental entity ordering quarantine or isolation (if applicable): ___________________________________________________________________

Date of exposure to COVID-19 (if applicable): ___________________________________________________________________

**COVID-19 Care Leave**

This leave is limited to 2/3 of your regular rate of pay, and a daily cap of $200, and is subject to duration limitations as set forth in the Paid COVID-19 Leave policy.

Requests for paid leave of employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policy may be denied.

I must be absent from work because: *(Please check all that apply.)*

- [ ] I am caring for an individual who depends on me to care for them.
- [ ] I am unable to telework because my job responsibilities cannot be performed through telework, I cannot reasonably perform telework while also providing care, or I am not permitted to telework by my supervisor.
- [ ] The individual has been advised by a health care provider to self-quarantine because of the health care provider’s belief that the individual has COVID-19, the individual may have COVID-19 due to known exposure or symptoms, or the individual is particularly vulnerable to COVID-19.
The individual is subject to a Federal, State, or local isolation or quarantine order related to COVID-19.

The individual I am caring for is my immediate family member*, a person who regularly resides in my home, or a similar person with whom I have a relationship that creates an expectation that I would care for the person if they were quarantined or self-quarantined.

Name of individual(s) the employee is caring for: ________________________________

Relation to employee: ________________________________________________

Name of individual’s health care provider advising self-quarantine (if applicable): ________________________________

Name of governmental entity ordering quarantine or isolation (if applicable): ________________________________

*"Immediate family members” are your spouse, child, adult child, or parent.

I certify that the information I have provided in this form is true and correct. This information is subject to verification. I understand that any employee who submits false information is subject to disciplinary action, up to and including discharge, and may be subject to action pursuant to chapter 609 (criminal code).

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Human Resources Use: Do not write in this section

☐ Approved* from _______________ to _______________  ☐ Denied

Date ________________________

Employees who are assigned to perform Priority 1 or Priority 2 critical services as defined in the policies are required to receive additional authorization by their appointing authority to use Paid COVID-19 Leave or Expanded School Leave.

* All approvals are subject to available leave hours and eligibility requirements. The agency reserves the right to verify information prior to approval. Any approval that exceeds available leave hours, or for ineligible employees or ineligible reasons, is void. Please note that the Paid COVID-19 Leave policy and the Expanded School Leave policy are subject to change and expire upon termination of the COVID-19 peacetime emergency. All leave approvals are subject to change to conform with any policy changes, and all leave approved under the policies expires when the policies are no longer in effect, except as may be required under law.