

**Twin Cities International School
SY 2020-21
COVID-19 Related Leave and Accommodation Form**

| | | |
|--------------------|---|--|
| Last Name | First Name | M.I. |
| Primary Phone | Date of Birth | Job Title |
| Date of Submission | <input type="checkbox"/> This is an initial request | <input type="checkbox"/> This is an update or change to a previous request |

TCIS Employees four options for the SY 2020-21. An employee may request leave or accommodations under any the following four options at various times through the school year. Please select the option for which you are requesting to use for the beginning of the school year.

| | |
|---|--|
| <input type="checkbox"/> | I agree to work in whichever instructional model TCIS utilizes in accordance with my employment agreement. |
| <input type="checkbox"/> | I am requesting an ADA accommodation and understand that my work decision is subject to the accommodations listed by my medical provider and my submission of ADA paperwork to TCIS. I can expect a follow-up call or email from my HR Generalist within 72 hrs. |
| <input type="checkbox"/> | I am requesting a Families First Coronavirus Reponse Act (FFCRA) leave for one of the following reasons: |
| COVID EXPOSURE –This section is for confirmed or belief of COVID-19 | |
| I am requesting leave under FFCRA for the following reasons: I understand that <u>documentation is required</u> and that if approved, I will receive 100% of my pay for two-weeks | |
| | I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19; Governmental entity ordering quarantine or isolation: _____ |
| | I have been advised by a health care provider to self-quarantine related to COVID-19 Name of Health Care Provider: _____ |
| | I am experiencing COVID-19 symptoms and am seeking a medical diagnosis |
| COVID FAMILY REASONS –This section is for care for family members or temporary loss of child care | |
| I am requesting leave under FFCRA for the following reasons: I understand that <u>documentation is required</u> and that if approved, I will receive two-thirds of my pay for up to twelve weeks provided I have not used FMLA leave within the past 12 months of this start date. The employee has the option of using their available accrued leave (sick, bank) pay for the remaining one-third for the duration of this leave. This | |

Twin Cities International School

SY 2020-21

COVID-19 Related Leave and Accommodation Form

leave is considered under the expanded Emergency Family and Medical Leave Act (EFMLA) and follows all EFMLA guidelines.

I am caring for an individual or self-quarantine as described in COVID Exposure section above

Name of Individual and relationship to employee: _____

Governmental entity ordering quarantine or isolation: _____

Name of Health Care Provider: _____

I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19

Name(s) and age(s) of children: _____

Name of school(s) or place of care: _____

Statement regarding lack of suitable care: _____

I am experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury

Condition: _____

I am requesting TCIS- Employee COVID-19 Response Policy (TCIS-ECRP) accommodation for one of the following reasons:

COVID EXPOSURE –This section is for confirmed or belief of COVID-19

I am requesting a work from home accommodation under TCIS-ECRP for the following reasons: I understand that documentation is required and that if approved, I will receive 100% of my pay for two-weeks

I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;

Governmental entity ordering quarantine or isolation: _____

I have been advised by a health care provider to self-quarantine related to COVID-19

Name of Health Care Provider: _____

I am experiencing COVID-19 symptoms **and** am seeking a medical diagnosis

COVID FAMILY REASONS –This section is for care for family members or temporary loss of child care

I am requesting a work from home accommodation under TCIS-ECRP for the following reasons: I understand that documentation is required and that if approved, I will receive 100% of my pay for up to twelve weeks. If an employee is unable to work under this accommodation, they should contact HR to use allotted sick time or move into a different leave option.

I am caring for an individual or self-quarantine as described in COVID Exposure section above

Name of Individual and relationship to employee: _____

Governmental entity ordering quarantine or isolation: _____

Name of Health Care Provider: _____



Twin Cities International School
SY 2020-21
COVID-19 Related Leave and Accommodation Form

| | |
|--|--|
| | <p>I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19</p> <p>Name(s) and age(s) of children: _____</p> <p>Name of school(s) or place of care: _____</p> <p>Statement regarding lack of suitable care: _____</p> |
| | <p>I am experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury</p> <p>Condition: _____</p> |

I certify that all information on this form is correct and that the leave or accommodation requested is for the purpose(s) indicated. I must comply with my employment agreement regarding the eligibility and procedures for a Leave of Absence or Accommodation and this request is subject to approval from HR and Administration. Any change in this leave or accommodation must be communicated in writing to HR.

Employee Signature _____ Date _____

| | |
|---|---------------------------|
| FOR HR USE ONLY | |
| Approved: Date _____ | Projected End Date: _____ |
| Denied: Date _____ | |
| Request for additional information: Date: _____ | |
| Notes: _____ | |