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# Weslaco Independent School District

## Risk Management Department

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WESLACO INDEPENDENT SCHOOL DISTRICT  
**THE RIGHT CHOICE**

*Dr. Priscilla Canales*  
Superintendent of Schools

## Families First Coronavirus Response Act (FFCRA)

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Position: \_\_\_\_\_ Dept./Campus: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated Start Date	Actual Start Date	Anticipated Return to Work	Actual Return to Work

Type of leave requesting (select one or both):

\_\_\_\_\_ Extended Family Medical Leave (EFML)      \_\_\_\_\_ Emergency Paid Sick Leave (EPSL)

**EPSL:** Is up to 80 hours (10 days) paid sick leave EPSL applies when there is work available to be performed, but the employee is unable to work or telework for certain, specific, COVID-19 related reasons:

Paid at the regular rate, up to \$511 per day and \$5,110 in aggregate:

1. \_\_\_\_\_ Subject to a quarantine or isolation order related to COVID-19.
2. \_\_\_\_\_ Is advised by a health care provider to self-quarantine because he/she is particularly vulnerable to COVID-19.
3. \_\_\_\_\_ Is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.

Paid at 2/3 of the regular rate up to \$200 per day and \$2,000 in the aggregate over 2 week period:

4. \_\_\_\_\_ Is caring for an individual subject or advised to quarantine or isolation.
6. \_\_\_\_\_ Is experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

**EFML:** Allows an employee who has work available but is unable to work or telework to take up to 12 weeks of leave **ONLY** to care for a son/daughter whose school or place of care is closed, or child care provider is unavailable due to COVID-19 precaution. The first 2 weeks of the 12 weeks of leave are unpaid. The remaining 10 weeks are paid at 2/3 of the regular rate up to \$200 per day and \$1,200 in the aggregate over a 10 week period.

*Note: EFML is a subpart of the FMLA and together the employee is only entitled to a total of 12 weeks.*

5. \_\_\_\_\_ Is caring for son/daughter whose school or place of care is closed, or child care provider is unavailable due to COVID (can also trigger EPSL).

**Documentation to support the type of leave should be attached to this request.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**For Human Resources Use Only:**

Date Received: \_\_\_\_\_ Initial: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initial: \_\_\_\_\_

Pay Period from: \_\_\_\_\_ thru \_\_\_\_\_ Total Days: \_\_\_\_\_ EFML Total Amount: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Daily Rate: \_\_\_\_\_ 2/3 Hourly Rate: \_\_\_\_\_ 2/3 Daily Rate: \_\_\_\_\_