

Karuk Community Health Clinic

64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe



Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic

64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Request for Leave under Attachment H of the Personnel Policy

Emergency Paid Sick Leave
Emergency Family Medical Leave Expansion

Return completed form to Human Resources
Email – vsimmons@karuk.us

SECTION 1: Employee Information	
Employee Name:	
Employee Address:	
Main Phone Number:	Secondary Phone Number:
Email Address:	
Begin Date:	End Date:
If requesting leave intermittently, please provide leave needs:	
I am unable to work or telecommute for the following reason(s) (Check all that apply):	
<input type="checkbox"/> Employee is subject to a Federal, State, or local quarantine or isolation order related to Coronavirus (Complete Section A only) <input type="checkbox"/> Employee has been advised by a health care provider to self-quarantine due to concerns related to Coronavirus. (Complete Section A only) <input type="checkbox"/> Employee is experiencing coronavirus symptoms and seeking a medical diagnosis. (Complete Section A only) <input type="checkbox"/> Employee is caring for an individual who is subject to an order as described in reason 1 or 2 above (Complete Section A only) <input type="checkbox"/> Employee is caring for a child under the age of 18 of such employee if the school or place of care of the child been closed, or the childcare provider of such son or daughter is unavailable, due to coronavirus (Complete both Section A and B below) <input type="checkbox"/> Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (Complete Section A only)	
<p>Section A. The Emergency Temporary Policies Regarding the COVID-19 Pandemic provide for Emergency Paid Sick Leave (EPSLA) of up to 10 days (80 hours) of limited paid sick leave for full-time employees outside of Family Medical Leave or Emergency Family Medical Leave (below). This is prorated for part-time employees, including part-time employees who otherwise are not eligible for accrued benefits.</p> <p>All employees actively employed by the Karuk Tribe and its entities are eligible. However, please note that the Tribe may exclude Health Care Providers and Emergency Responders at its discretion.</p> <p>If you are requesting Emergency Paid Sick leave based on a quarantine order or advice by a health care provider to self-isolate, you must provide the following information:</p>	

Provide the name of the governmental entity ordering quarantine or the name of the health care professional advising self-isolation: _____

If you are taking Emergency Paid Leave to care for someone subject to a quarantine order or self-isolation advice, please list the name of the person you are caring for and your relation to that person:

For the first three reasons listed above, eligible employees will receive 100% of regular hourly rate, with a \$511/day (\$5,110 aggregate) cap.

For the last three reasons listed above, eligible employees will receive 2/3 of regular hourly rate, with a \$200/day (\$2,000 aggregate) cap.

Employees may be allowed to use available leave time to which they qualify to make themselves "whole," with supervisory approval. Please indicate if you choose to supplement the EPSLA hours to receive your normal full pay by prioritizing in order the accruals you wish to use:

____ Vacation (____ hours)

____ Sick Time (____ hours)

____ LWOP (____ hours)

Section B. The Emergency Family and Medical Leave Expansion (EFMLEA) is available for employees who have worked 30 calendar days and are caring for a child under the age of 18 of such employee if the school or place of care of the child has been closed, or the childcare provider of such child is unavailable, due to coronavirus.

Employees receive up to 12-weeks protected leave. The first 10 work days off will be unpaid, employees can substitute their own leave time or Emergency Paid Sick Leave (EPSLA) to supplement their pay.

After the 10th unpaid work day, the employee will be eligible for pay from the Tribe equal to 2/3 of the employee's regular rate of pay for the remainder of the available Emergency Family Medical Leave associated with the qualifying COVID-19 reason, not to exceed a daily cap of \$200 or aggregate cap of \$10,000, per person. Employees may be allowed to substitute available leave time to which they qualify to make themselves "whole," with supervisory approval.

Employees who have used Family Medical Leave already in 2020, will have the time available under this Act reduced by the Family Medical Leave hours already used and will be capped at 12 weeks total.

Please provide the name and age of the child(ren) for whom you need to provide care:

Please list the name of the school that has closed or place of care that is unavailable:

Will anyone else be providing care for the child(ren) during the period for which you are receiving family medical leave? Yes No

If you are unable to work or telework because of the need to care for a child older than 14 during daylight hours, please explain the special circumstances that exist requiring your need to provide care:

Please indicate the priority of hours you plan to use **DURING the first 10 days** of your leave:

___ FFCRA Emergency Paid Sick Leave (___ hours)

___ Vacation (___ hours)

___ Sick Time (___ hours)

___ LWOP (___ hours)

AFTER the first 10 days employees may be allowed to use available leave time to which they qualify to make themselves “whole,” with supervisory approval. Please indicate if you choose to supplement the paid EFMLEA hours to receive your normal full pay by prioritizing in order the accruals you wish to use:

___ FFCRA Emergency Paid Sick Leave (___ hours)

___ Vacation (___ hours)

___ Sick Time (___ hours)

___ LWOP – I do not plan use paid leave time to make myself whole (___ hours)

Time Entry: When entering time on Time Sheets for EPSLA or EFMLEA please enter the amount of time for your scheduled shift (or partial shift if you are not using a full day) for that day under pay code **FFCRA-COVID**. If you are supplementing the EPSLA or EMFLEA with your own leave time to make yourself whole, Payroll will use the hours in the order as indicated above; you do not need to enter the supplemental time in on Time Sheets.

If you need to make any changes to the information submitted on this form, please complete and submit a new form.

I authorize the appointing authority to obtain any necessary information regarding my request under Tribal law and the Families First Coronavirus Response Act. During the time period of the Tribe’s Emergency Declaration, the Tribe will accept your electronic signature.

Employee Signature: _____ Date: _____

Employer Use Only

___ Your request to use Emergency Paid Sick Leave as requested on this application has been approved.

___ Your EFMLEA leave request is approved by Human Resources. All leave taken for this reason will be designated as FMLA leave. If the dates of your scheduled leave change you will need to submit a new request form. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:
Provided there is no deviation from your leave schedule, as of the below signed date, the following days/hours will be counted against your leave entitlement _____

___ Your leave request is denied by Human Resources (see below for explanation).

Authorizing Signature: _____ Date: _____

If Leave is denied, a copy will be provided to the employee stating the reason(s) for the denial:

CC: Personnel Record
Supervisor