



Request for Emergency Sick Leave

The Families First Coronavirus Response Act (FFCRA) provides emergency paid sick leave under certain qualifying conditions. Please complete the following request form, and submit to the Diocesan Office of Human Resources (contact information found on page 5) as soon as practicable and before you take leave. A verbal notice is accepted, but requires supporting documentation as requested here.

Employee Name: (First, Middle, Last) _____

Name of Diocese of Victoria (DOV) _____
Parish/School You are Employed At: _____

City of Diocese of Victoria (DOV) _____
Parish/School You are Employed At: _____

Position at Diocese of Victoria (DOV) _____
Parish/School: _____

Date of Hire: (MM/DD/YYYY) _____

Name of Immediate Supervisor: (First and Last) _____

Submission Date of This Request: (MM/DD/YYYY) _____

The leave entitlement is provided on the following basis:

- 100% of usual wages paid for qualifying reasons #1-3 below, up to \$511.00/daily and \$5,110.00 total
2/3 of usual wages paid for qualifying reasons #4 and #6 below, up to \$200.00/daily and \$2,000.00 total
Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 of usual wages for qualifying reason #5 below for up to \$200.00/daily and \$12,000.00 total
A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- #1) I am subject to a federal, state or local quarantine or isolation order related to COVID-19.
#2) I have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
#3) I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
#4) I am caring for an individual who is either subject to #1 or #2 above.
#5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions, and:
I attest that no other suitable person is available to care for my child during the requested period of leave.
I attest special circumstances exist requiring my need for leave to care for a child aged 15 – 17.
#6) I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services.



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Office of Human Resources



Requested leave start date (first day not present at work): MM/DD/YYYY _____

Requested leave end date (first day back at work): MM/DD/YYYY _____

- At this time, I am unsure of the length of leave I will need.
I am requesting intermittent leave either with or without a telework arrangement.

Employee Signature: _____ Date: _____

Diocesan Office of Human Resources Signature: _____ Date: _____

Supporting Documentation

Please check which of the following circumstances apply and provide the requested information:

- Leave due to a government-issued quarantine or isolation order

Issuing Government Entity Name: _____

Effective Tentative End Date: _____

- Leave due to a healthcare provider's advice to self-quarantine/take care of another individual

Healthcare provider advising me or the individual I am caring for to self-quarantine. _____

Written documentation is available and attached. Yes No

Name and relation of the individual who I am need to care for:

Name: _____ Relation: _____

- Leave due to a school or place of child care closed due to COVID-19

Name of school or place of care unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age of Child: _____

Name: _____ Age of Child: _____



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No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child aged 15 – 17 are:

- Leave due to substantially similar condition specified by the Secretary of Health and Human Services**

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature:

Date:



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Emergency Paid Family Leave

In the event that you are applying for 12 weeks of emergency paid family leave, we request additional information on supplementing wages:

During the first two weeks (select all that apply):

- I will be unpaid (if applicable based on location policy)
- I will use vacation days (if applicable based on location policy)
- I will use sick days (if applicable based on location policy)
- I will use personal days (if applicable based on location policy)
- I will use paid time off (PTO) (if applicable based on location policy)
- I will use extended sick leave (if applicable based on location policy)
- I will use the emergency paid sick leave (benefit expires December 31, 2020).
 - o **Note: emergency paid sick leave will be paid at the rate to which the circumstances selected on pages 2 – 3**

For the remaining 10 weeks, 2/3 of usual wages will be paid, not to exceed \$200.00/day or \$10,000.00 total

- I will supplement the remaining 1/3 of wages using my following available leave
 - o _____ **Vacation Days**
 - o _____ **Sick Days**
 - o _____ **Personal Days**
 - o _____ **Paid Time Off**
 - o _____ **Extended Sick Leave**
- I do not wish to supplement my emergency paid family leave.

Employee Signature: _____ Date: _____



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Submission of Request for Emergency Sick Leave and Documentation

Please contact the Diocesan Office of Human Resources staff upon completion of this Request for Emergency Sick Leave. The leave may begin with approval from the Diocesan Office of Human Resources, but the appropriate and required documentation must be submitted timely.

- ❑ **Note: The communication between the employee, the Diocesan Office of Human Resources, and employee's parish/school is required during the emergency sick leave timeframe.**

Faithfully in Christ,

Melissa M. Salinas

Diocesan Director of Human Resources

Diocese of Victoria, Chancery

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