

Families First Coronavirus Response Act - Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act (FFCRA), please complete the following request form and submit to the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____

Department: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for FFCRA emergency paid sick leave request is (check the appropriate reason below):

The reason for this FFCRA leave request is (select the most appropriate box):

- 1. Employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19. Employee will receive up to two weeks of paid sick leave.
- 2. Employee has been advised by a health care provider to self-quarantine related to COVID-19. Employee will receive up to two weeks of paid sick leave.
- 3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis. Employee will receive up to two weeks of paid sick leave.
- 4. Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2). Employee will receive up to two weeks of partially paid sick leave.
- 5. Employee is caring for his or her child under the age of 18 whose school or place of care is closed due to COVID-19 related reasons. Employee will receive up to two weeks of partially paid sick leave. *

*If checking box 5, employee is also eligible for up to an additional 10 weeks of partially paid leave.

Please check this box to apply for Expanded Family and Medical Leave

- 6. Employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. Employee will receive up to two weeks of partially paid sick leave.

All requests for leave under the Families First Coronavirus Response Act must have supporting documentation attached.

Employee Signature: _____ Date: _____

For HR use ONLY: Date received: _____ FFCRA Leave Approval Letter Sent: _____