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## Families First Coronavirus Response Act (FFCRA) Leave Request Form

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To request leave on the basis of the Families First Coronavirus Response Act (FFCRA), please complete the following request form and submit to Human Resources as soon as practical.

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

In an effort to serve you in the best possible way due to COVID-19, all responses will go to the email you provide on this form.

Employee Email: \_\_\_\_\_

Best Phone Number to Reach You: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

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I hereby request leave for the following reason(s):

1. Due to my own Federal, State or local quarantine or isolation order related to COVID-19. \*Employee may receive up to two weeks of paid sick leave.

2. I have been advised by a health care provider, and/or local Board of Health or public health department to self-quarantine due to concerns related to COVID-19. \*Employee may receive up to two weeks of paid sick leave.

Name of Entity Ordering Quarantine: \_\_\_\_\_

3. To care for someone who is subject to one of the orders described in #1 or #2 above. \*Employee may receive up to two weeks of partially paid sick leave.

Individual(s) for whom you are providing care: \_\_\_\_\_

4. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis. \*Employee may receive up to two weeks of paid sick leave.



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5. I am caring for my child, younger than 14 years of age, whose school or place of care has been closed, or childcare is unavailable, due to COVID-19 related reasons. \*Employee may receive up to twelve weeks of partially paid sick leave by applying for expanded family and medical leave.

Child(ren) and age(s) for whom you are providing care: \_\_\_\_\_

Name of School(s) of Childcare Provider(s): \_\_\_\_\_

6. I am caring for my child, 14 years of age or older, whose school or place of care has been closed, or childcare is unavailable, due to COVID-19 related reasons, and special circumstances exist requiring my presence to provide care. \*Employee may receive up to twelve weeks of partially paid sick leave by applying for expanded family and medical leave.

Child(ren) and age(s) for whom you are providing care: \_\_\_\_\_

Name of School(s) of Childcare Provider(s): \_\_\_\_\_

Please explain the circumstances that require you to care for a child fourteen (14) years of age or older: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. I am experiencing another substantially-similar condition, as explained below, specified by the U.S. Department of Health and Human Services. \*Employee may receive up to two weeks of partially paid sick leave.

Condition: \_\_\_\_\_

**All requests for leave under the Families First Coronavirus Response Act must have supporting documentation attached.** Documentation includes quarantine or isolation orders, diagnosis, or doctor's recommendations. If you are requesting leave to care for a child whose school or place of care is closed, you are required to provide that documentation only if closed beyond the Governor's stated date of closing (currently May 4, 2020). Multiple files may be attached. Leave will only be granted upon receipt of sufficient supporting documentation.

If box #5 or #6 has been checked, please indicate whether you would like to apply for expanded family and medical leave for the purposes requested therein:  Yes  No



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I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge. I certify that I am requesting this leave because I am unable to work (onsite or remotely) due to the reason(s) stated above. I authorize my employer to obtain medical or other information to support my request for leave. If I checked box #5 or #6 above, I also certify that no other person will be providing care for my child(ren) during the period for which I am receiving family medical leave and if my child is older than fourteen (14) I certify that special circumstances exist requiring me to provide care.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Employees are provided with up to two weeks (80 hours max for full-time, or part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or federal minimum wage, paid at:

- 100% for qualifying reasons #1, #2, or #4, up to \$511 daily and \$5,110 total;
- 2/3 for qualifying reasons #3 or #7, up to \$200 daily and \$2,000 total; and
- up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reasons #5 and #6, for up to \$200 daily and \$12,000 total.

*For HR use ONLY:* Date received: \_\_\_\_\_ FFCRA Leave Approval Letter Sent: \_\_\_\_\_