



# Families First Coronavirus Response Act (FFCRA) Request for Emergency Paid Sick Leave

**CONFIDENTIAL & TIME SENSITIVE**

Complete the information below to request emergency paid sick leave as provided under the Families First Coronavirus Response Act (FFCRA). If leave is unforeseeable, you may request leave verbally by contacting Human Resources. This form must be submitted to Human Resources as soon as possible before leave commences, or if leave is unforeseeable, as soon as you are able after verbal notice is provided.

EMPLOYEE INFORMATION		
<b>Employee Name:</b>	<b>Employee #:</b>	<b>Date:</b>
<b>Work Location:</b>	<b>Position:</b>	
ABSENCE INFORMATION		
<b>Requested Leave Start Date:</b>	<b>Estimated Leave End Date:</b>	
REASON(S) FOR ABSENCE		
<p><i>The reason for this emergency paid sick leave request is (check below and add requested information):</i></p> <p><input type="checkbox"/> <b>I am subject to a federal, state or local quarantine or isolation order related to the COVID-19 virus.</b> <i>Provide name of the government entity issuing order*:</i></p> <p><input type="checkbox"/> <b>I have been advised by a healthcare provider to self-quarantine due to concerns related to the COVID-19 virus.</b> <i>Provide name of healthcare provider*:</i></p> <p><input type="checkbox"/> <b>I am caring for an individual who meets one of the criteria outlined above.</b> <i>(*complete the information requested in the related section above for the individual needing care).</i> <i>Name of individual:</i> <i>Relationship to employee (e.g., son, roommate, etc.)</i></p> <p><input type="checkbox"/> <b>I am experiencing symptoms of the coronavirus and seeking a medical diagnosis.</b> <i>Provide name of healthcare provider you intend to consult with:</i></p> <p><input type="checkbox"/> <b>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 coronavirus precautions.</b> <i>Name &amp; age of child(ren):</i> <i>Name of school or child care provider:</i></p>		
<ul style="list-style-type: none"> <li>▪ <i>I understand that I am eligible for up to 80 hours of leave (prorated if I am not a full-time employee). I understand that I may be required to provide additional proof to establish my entitlement to leave for the reason checked above. I may be entitled to split the 80 hours over multiple events, but all paid sick leave required under FFCRA will not exceed 80 hours.</i></li> <li>▪ <i>I understand that if I am required to shelter-in-place or stay-at-home pursuant to a government order, I am entitled to emergency paid sick leave if my employer is unable to offer the option for me to telework. I further understand that I will not be eligible for emergency paid sick leave under FFCRA if I choose not to work because I am worried about exposure to the coronavirus, unless I am otherwise eligible due to quarantine, isolation (including a healthcare provider recommending isolation because I am more vulnerable to the coronavirus due to other health conditions) or because I am seeking care from a healthcare provider because I have symptoms requiring evaluation or testing for the COVID-19 virus.</i></li> <li>▪ <i>If I am caring for an individual who is unable to care for themselves and is subject to quarantine or isolation, has been advised to self-quarantine, or who is seeking a medical diagnosis because they are experiencing symptoms of the coronavirus, I represent that the individual resides with me or that we have a relationship such that the individual would reasonably expect that I would care for them in the event of illness.</i></li> <li>▪ <i>If I am caring for a child due to closure of a school or unavailability of a child care provider, I represent that no other person will be providing care for the child(ren) during the period for which I am requesting leave.</i></li> <li>▪ <i>I represent that I am unable to work at my place of work or via telework during the period of leave requested.</i></li> </ul>		
EMPLOYEE SIGNATURE:		
<i>Employee:</i>	<i>Date:</i>	
APPROVAL:		
<i>Human Resources:</i>	<i>Date:</i>	

*Please return to Human Resources at Central Office*