



Families First Coronavirus Response Act (FFCRA) Request Form

Employee Information

Name: _____

Employee ID: _____

Position Title: _____

Department: _____

Home Phone: _____

Email: _____

Choose one or both:

_____ EXPANDED FMLA

_____ USE OF EMERGENCY SICK LEAVE

REQUESTED START DATE

ANTICIPATED END DATE

REQUESTED INTERMITTENT OR REDUCED WORK
SCHEDULE

Qualifying Reasons for Leave (provide required information for any item selected)

	<p>1. Is subject to a Federal, State, or Local quarantine or isolation order related to COVID-19</p> <p>Name of the government entity that issues the quarantine or isolation order to which the employee is subject: _____</p>
	<p>2. Has been advised by a health care provider to self-quarantine related to COVID-19</p> <p>Name of the health care provider who advised employee to self-quarantine for COVID-19 related reasons: _____</p>
	<p>3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis</p>
	<p>4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2)</p> <p>Provide either (1) the government entity that issued the quarantine or isolation order to which the individual is subject or (2) the name of the health care provider who advised the individual to self-quarantine, depending on the precise reason for the request: _____</p>

	<p>5. Is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19</p> <p>Name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons: _____</p> <p>Phone Number: _____ Email: _____</p> <p>I certify that no other suitable person is available to care for the child during the period of requested leave _____ (Employee Initials)</p>
	<p>If (4) or (5) is selected, please complete the following:</p> <p>Name of person you will be caring for: _____</p> <p>Relationship: _____ If child, date of birth: _____</p> <p>If caring for multiple Individuals, attach info on additional sheet</p>
	<p>6. Is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury</p>

Duration of Leave

- For reasons (1)-(4) and (6): A full-time employee is eligible for up to 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
- For reason (5): An employee is eligible for up to 12 weeks of leave (or up to the number of hours that the employee is normally scheduled to work over 12 weeks). If eligible, duration of approved leave will be based on prior or existing FMLA Leave.

Calculation of Pay

- For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at their regular rate, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).
- • For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).
- • For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

Documentation Requirements

You must provide documentation of the reason for the leave, such as the source of any quarantine or isolation order, or the name of the health care provider who has advised you to self-quarantine. If you are requesting expanded family and medical leave (reason 5), you must provide appropriate documentation in support of such leave. For example, this could include a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider. This requirement also applies when the first two weeks of unpaid leave run concurrently with paid sick leave taken for the same reason.

Employee Certification

I am unable to work or telework for the reasons and dates noted above. Further, in the case of a leave request based on a school closing or child care provider unavailability (reason 5 above), I certify that no other person will be providing care for the child during the period of leave requested and, with respect to my inability to work or telework because of a need to provide care for the child older than fourteen during daylight hours, special circumstances exist requiring me to provide care.

If you have used any FFCRA leave since April 1, 2020 please disclose the date(s) below.

Employee Signature: _____ Date: _____

Please submit completed form to Human Resources.

For Human Resources Only

Date Received: _____ Documentation Received Date: _____

Notified Supervisor Date/Verified unable to work from home: _____

Human Resources Approval: _____
