

Families First Coronavirus Response Act (FFCRA) Leave Request

Employee Name: _____ Employee ID#: _____

Job Title/Work Location: _____

Reason for Leave Request: (Check the leave type and reason that applies.)

Emergency Paid Sick Leave (self) Up to 80 hours, or the proration thereof, at full pay.

Requested Dates of Leave:

_____ to _____
_____ to _____
_____ to _____

Please identify reason:

- I am unable to work due to government issued quarantine or isolation order.
- I have been advised to self-quarantine by a healthcare provider.
- I am experiencing symptoms of COVID-19, and seeking a diagnosis.

Emergency Paid Sick Leave (care of others) Up to 80 hours, or the proration thereof, at 2/3rds pay.

I would like to use my own leave bank to supplement the 2/3rds pay.

Requested Dates of Leave:

_____ to _____
_____ to _____
_____ to _____

Please identify reason:

- I am caring for someone subject to government issued quarantine, isolation order or am caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19.
- I am caring for a son or daughter whose school or childcare is closed or unavailable "due to COVID-19 precautions".

Public Health Emergency Paid Family Leave Up to 12 workweeks of leave, first 2 weeks unpaid, remaining 10 weeks at 2/3rds pay, for eligible employees. Employees may use the 2 weeks of Emergency Paid Sick Leave to remain in paid status for the first 2 weeks if they choose to do so.

I would like to use my own leave bank to supplement the 2/3rds pay.

Requested Dates of Leave:

_____ to _____
_____ to _____
_____ to _____

- Employee must have been employed for at least 30 days.
- Leave is required to care for a minor child due to a school or childcare closure or unavailability of childcare provider caused by public health emergency.

My signature below affirms that I meet the criteria listed above and qualify for the Emergency Paid Leave selected.

Signature

Date

FOR HR USE ONLY

Eligibility verified by: _____

Date: _____

Qualifies for _____ hours days at 2/3 pay (Up to a maximum of \$200.00 per day)

Qualifies for _____ hours days at full pay (Up to a maximum of \$511.00 per day)

Does not qualify. Reason: _____