



# FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

(You must complete this form if asking for benefits under the FFCRA, 4/1/20 to 12/31/20)

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

Employee ID #: \_\_\_\_\_

Position: \_\_\_\_\_

Work Location: \_\_\_\_\_

Union Group: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

## Length of Leave Requested

New Request

This is an update/a change to an existing request

**Requested  
Leave Dates:**

*Start Date:*

*End Date:*

*Date Return to Work*

*Total days requested:*

*Emergency Paid Sick Leave will be automatically used first unless written otherwise.*

*Select the order of how you would like Accrued Sick and Emergency Sick Leave paid.*

*Emergency sick per FFCRA*

*Accrued sick leave*

## Type of Leave Requested

**Continuous**

### *Employee's own Medical Leave (Please check 1 box)*

- Subject to Quarantine by Federal/State/Local Quarantine order.** FFCRA #1
  - Attach a copy of the Quarantine Notice or recommendation to self-quarantine.
- Advised to Self – Quarantine by a healthcare provider** FFCRA #2
  - Attach a copy of the Quarantine Notice or recommendation to self-quarantine.
- Is experiencing COVID19 symptoms and is seeking a medical diagnosis** FFCRA #3
  - Attach a copy of Doctor's visit summary/appointment notice/date.
- I am experiencing another substantially similar condition specified by the U.S. Department of Health and Human Services.** FFCRA #6
  - Attach anything that would show the diagnosis, including past visit summaries from online medical charts.
- Quarantined (14 days) - Working from Home with prior approval from HR - no change in pay or use of sick day(s).**
  - Attach documentation reflecting reason for quarantine.

### *Family Medical leave*

- Family Medical to care for \_\_\_\_\_ who is subject to quarantine, or advised to self-quarantine due to concerns related to COVID-19 (state relationship of person to you.)** FFCRA #4
  - Attach a copy of Quarantine Notice or recommendation to self-quarantine.

### *Childcare*

- Childcare Leave to care for employee's own child (under the age of 18) whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.** FFCRA #5
 

**Attach a copy of the child care closing notice and a statement that no other suitable person is available to care for the child.**

I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated above under the FFCRA, I further agree that this request is subject to HR approval. Any change in this leave must be communicated in writing to HR.

I certify that no other suitable person is available to care for the child.

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

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_