

# Families First Coronavirus Response Act Leave Request Form

Employee Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

## Emergency Paid Sick Leave

\_\_\_\_\_ I would like to request Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA). I attest that I am unable to work/telework due to the below checked reason. I understand that I may qualify for up to 80 hours of Emergency Paid Sick Leave. Part time employees may qualify for a prorated benefit.

For reasons 1-3 below, FFCRA sick leave will be paid at my regular rate of pay (subject to a cap of \$511 per day with a set \$5,110 cap for the entire duration of this leave type/reasons). For reasons 4-6 below, FFCRA sick leave will be paid at 2/3 of my regular rate of pay (subject to a cap of \$200 per day with a set \$2,000 cap for the entire duration of this leave type/reasons).

- \_\_\_\_\_ 1. Employee is subject to a government quarantine order related to COVID-19
- \_\_\_\_\_ 2. Employee is advised to self-quarantine related to COVID-19
- \_\_\_\_\_ 3. Employee is experiencing COVID-19 related symptoms and is seeking medical diagnosis/care
- \_\_\_\_\_ 4. Employee is caring for an individual subject to or advised to quarantine as a result of COVID-19
- \_\_\_\_\_ 5. Employee is caring for a child whose school/care provider is closed/unavailable due to COVID-19
- \_\_\_\_\_ 6. Employee is experiencing any other substantially similar condition specified by Secretary of HHS in connection with the Secretaries of Labor and Treasury.

Anticipated Start Date of Leave: \_\_\_\_\_

Anticipated End Date of Leave: \_\_\_\_\_

## Emergency Paid Family Leave

\_\_\_\_\_ I would like to request Emergency Paid Family Leave under the Families First Coronavirus Response Act (FFCRA). I attest that I have been employed by \_\_\_\_\_ for at least 30 calendar days and that I am unable to work or telework due to a need to care for a child under age 18 (due to the child's school or place of childcare being closed or unavailable as a result of the COVID-19 health emergency).

I understand the first 10 days of FFCRA will be unpaid. During this time, I may elect to use any accrued/available PTO. FFCRA Emergency Paid Family Leave payments will be paid at 2/3 of my regular rate of pay (capped at \$200 per day with a set \$10,000 cap for the entire duration of the leave which cannot exceed 12 weeks)

Anticipated Start Date of Leave: \_\_\_\_\_

Anticipated End Date of Leave: \_\_\_\_\_

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

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

HR Signature: \_\_\_\_\_

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