

FFCRA Request Form

Emergency Paid Sick Leave (EPSL) & Extended Family Medical Leave (EFMLA)

Employee Name: _____

Requested Leave Start Date: _____ Estimated End Date: _____

See attached for information regarding Emergency Paid Sick Leave and Extended Family & Medical Leave.

I need leave for the reason stated below because I am unable to work or telework Yes No

Leave is requested for:

EPSL – Per the reasons stated below, I am requesting EPSL for Reason # _____

If Reason #1: Provide copy of Order & name of governmental entity ordering quarantine:

Name: _____

If Reason #2 or #3: Provide Note from & name of advising Health Care Professional:

Name: _____

If Reason #4, complete information for #1 or #2 above and provide name and relationship to employee of person being cared for.

Name: _____

Relationship to Employee: _____

If Reason #6, attach page(s) explaining & documenting substantially similar condition.

	Reason for FFCRA Leave
#1	I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
#2	I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
#3	I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. You may take leave while you are unable to work or telework while you are seeking, waiting for or attending a COVID-19 appointment or diagnosis.
#4	I am caring for an individual who is subject to either number 1 or 2 above.
#5	I am caring for my son or daughter (under age 18) because the school or place of care of my son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions.
#6	I am experiencing another substantially similar condition specified by the secretary of health and human services in consultation with the secretary of the treasury and the secretary of labor.

EFMLA - If my request is to use EPSL for Reason #5 or to use EFMLA, enter the following for each child (or children) to be cared for:

Name:

Age:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

No other person will be providing care for the child during this period: Yes No

If care is to be provided to a child (or children) listed above during daylight hours who is over age 14, explain the special circumstances existing that require the employee to provide care:

I represent that all of the information provided on this form is accurate and truthful and understand that any false representations may result in disciplinary action. If documentation required by this form is not available at the time of this leave request, I will promptly provide it upon receipt.

Date: _____ Employee Signature: _____

HR USE ONLY

Date HR Date Received: _____

APPROVED

DENIED. Explanation:

BY: _____

DATE: _____