Employee Request for Leave - Families First Coronavirus Response Act (FFCRA)

Available for certain periods when Employee is unable to work during the period beginning April 1, 2020, and ending December 31, 2020.

Employee Name: _______________________________________________________

Date(s) leave is requested: _______________________________________________

I am requesting leave for the following COVID-19 related reason:

1. □ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19; [State or local “stay home” orders do not meet this requirement.]
   a. Name of the governmental entity ordering quarantine: ________________________________

2. □ I have been advised by a health care provider to self-quarantine related to COVID-19;
   a. Name of the health care professional advising self-quarantine: ________________________________________________________________

3. □ I am experiencing COVID-19 symptoms and am seeking a medical diagnosis;

4. □ I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
   a. Name of person I am caring for: __________________________________________
      b. Person’s relation to me: __________________________________________

5. □ I am caring for my child(ren) whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons
   a. Name(s) and age(s) of child(ren): __________________________________________
      b. Name of school(s) and/or child care provider(s) closed: ________________________________
      c. I certify that no other person will be providing care for the child(ren) during the period for which I am requesting family leave.
      d. For any child(ren) over age 14, these are the special circumstances that require me to care for the child(ren):
         __________________________________________________________________________

I certify that I am unable to work, including by means of telework, for the reason above.

Employee Signature: _________________________________________

Date:    _________________________________________