



Your people. Our priority.®

## FFCRA Paid Sick Leave Request

Due to COVID-19 national situation, the federal government has issued the Family First Coronavirus Response Act (FFCRA) to assist employees in companies with fewer than 500 employees with time off to care for themselves or family members relating to COVID-19 issues. This leave is in effect from April 1 – December 31, 2020.

The paid sick leave covers up to 80 hours for full-time employee's that are unable to work or telework due to their own quarantine and/or coronavirus illness (symptoms or medical diagnosis). They will be paid at their regular rate of pay. If the leave is required due to an employee unable to work or telework due to bona fide need to care for an individual subject to quarantine or care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19, then the full-time employee receives 2/3rds of their regular rate of pay. For part-time employees, there will be a calculation of your average hours worked to know how many hours you will receive. Please contact the Human Resource (HR) office for the part-time hour leave coverage amount.

To request the leave, please fill out the form and include required documentation. Return the form to the HR office.

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

**Dates of Leave:** \_\_\_\_\_

**Qualifying Reason:**

- 1 - Subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- 2 - Has been advised by a health care provider to self-quarantine related to COVID-19
- 3 - Experiencing COVID-19 symptoms and is seeking a medical diagnosis
- 4 - Caring for an individual subject to an order described in reason 1 or self-quarantine as described in reason 2
- 5 – Caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19
- 6 – Experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury

**Name, Organization, & Address of Health Care Provider for reasons #2, 3, or 4:**

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**Name, Organization, & Address of Childcare Provider for reason #5:**

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**Name & Age of Child(ren) being Cared for:**

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*\*Note: With the care of a child older than 14 during daylight hours, a statement that special circumstances exist requiring the employee to provide care is needed.*

**Name & Address of Government Entity for reasons #1, or 6:**

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For qualifying reason #5, please include evidence of notice of school or childcare provider closure that would include dates. If you need assistance with this, please contact HR office for suggestions of evidence.

For qualifying reason #2, 3, or 4, please include evidence of notice from Healthcare Provider. If you need assistance with this, please contact HR office for suggestions of evidence.

I attest that I am not able to work or telework due to the qualifying reason above and have included supporting documentation for the qualifying reason. If this request is for reason #5, I attest that there is no other person able to provide care for the child during the period of which the leave is requested and that no other person will be providing care during the leave.

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