

Families First Coronavirus Response Act Paid Sick Leave Request Form

Updated April 14, 2020

The Families First Coronavirus Response Act (FFCRA) was passed by Congress on March 18, 2020. This bill provides paid leave under specific situations for employees impacted by COVID-19. The FFCRA begins April 1, 2020 and ends December 31, 2020.

Generally, employers covered under the Act must provide employees up to two weeks (80 hours or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or federal minimum wage. Employers must provide employees up to 12 weeks of paid sick leave and expanded family and medical leave paid for qualifying reason #5 below.

ELIGIBILITY

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19-related reasons (see below). Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

INSTRUCTIONS FOR TAKING LEAVE

Please check one box below, identifying the reason for the sick or leave time request. The form must be signed and submitted to your supervisor.

Step 1. Check the qualifying reason for the sick time or leave request.

QUALIFYING REASONS:

- 1. The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19.
- 2. The employee has been advised by a health care provider to self-quarantine related to COVID-19.
- 3. The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.
- 4. The employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
- 5. The employee is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19-related reasons.

Provide at least one child's name and provider information for this qualifying reason:

Child's name: _____ Child's date of birth: ____/____/____

Name of school/childcare center that is closed: _____

Contact number for school/childcare center: _____

- 6. The employee is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.



Step 2. Complete the following information, sign the form and submit it to your supervisor.

1. If you selected qualifying leave reason #5, will the leave period be continuous or intermittent?

Please provide the reason, frequency and duration for intermittent requests:

2. Enter your requested leave start date and leave end date:

Leave start date: _____ Leave end date: _____

Employee signature: _____

Employee name: _____ Date: _____

