

[Insert Company Name and Logo, as desired]

**EMPLOYEE REQUEST FOR PAID LEAVE
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (“FFCRA”)
CERTIFICATION OF NEED TO PROVIDE CHILD CARE**

Name: _____ Emp. ID#: _____

My child(ren)'s school or childcare provider is unavailable due to COVID-19 causes. The child(ren) I will be caring for is / are:

Name	Age*	Name of School or childcare provider

According to the IRS COVID-19 FAQ #44, children over the age of 14 may be left alone during daylight hours. If your normal working hours are between 7:00 AM to 6:00 PM, and your child is over 14 years old, please explain what special circumstances exist necessitating your request to take leave in order to provide care:

I certify that no other suitable person will be providing care for the child(ren) named above during the period for which the employee is receiving family medical leave.

Employee

Date

APPROVALS:

Supervisor or Manager

Date

Received by HR or Payroll

Date