

[Insert Company Name and Logo, as desired]

APPROVAL OF PAID LEAVE REQUEST UNDER FAMILIES FIRST CORONAVIRUS RESPONSE ACT (“FFCRA”)

Name: _____

Emp. ID#: _____

Your request for emergency paid sick and/or expanded family and medical leave under the Families First Coronavirus Response Act (FFCRA), has been approved under qualifying reason(s) checked below:

<input type="checkbox"/> #1 I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19	<input type="checkbox"/> #4 I am caring for an individual subject to an order described in #1 or self-quarantine as described in #2
<input type="checkbox"/> #2 I have been advised by a health care provider to self-quarantine related to COVID-19	<input type="checkbox"/> #5 I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons
<input type="checkbox"/> #3 I am experiencing COVID-19 symptoms and am seeking a medical diagnosis	<input type="checkbox"/> #6 I am experiencing a substantially similar condition specified by the U.S. Department of Health and Human Services

Duration of Leave and Schedules:

The leave will be taken consecutively as follow:

First day of FFCRA Leave: _____ Return to work date: _____

The leave will be taken intermittently working:

Onsite, following these working schedules: _____

Remote, following these working schedules: _____

Calculation of Pay:

For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

Part-time employees' regular rate of pay represents the average number of hours per day over a two-week period.

Please, contact [insert name/contact details or department] for further assistance if needed.

Printed name of Supervisor or Manager

Date

Signature of Supervisor or Manager